



Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality and Outcomes

2015 External Quality Review Technical Report **Final**

Review of MCO Contract Year(s) 2012–2014
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1. EXECUTIVE SUMMARY

Purpose of Report

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the State agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out the EQR; that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS). Quality, as it pertains to EQR, is defined in 42 CFR 438.320 as “the degree to which an MCO increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.”

These same federal regulations require that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality, timeliness and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness and access, and make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCOs.

To meet these federal requirements, the Department for Medicaid Services (DMS) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of Kentucky’s Medicaid managed care (MMC) plans.

Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities that were conducted. As set forth in 42 CFR 438.358, these activities were:

Compliance Review

This review determines MCO compliance with its contract and with state and federal regulations in accordance with the requirements of 42 CFR 438.204 (g) (Standards for Access, Structure and Operation, and Measurement and Improvement).

Validation of Performance Measures

Each MCO is required to report annual performance measures (PMs) based upon the Healthy Kentuckians 2010 goals. Healthy Kentuckians 2010 is Kentucky’s commitment to the national prevention initiative Healthy People 2010. Healthy Kentuckians 2010 includes goals and objectives in the priority areas of clinical preventive services and health services and focuses on areas of disparity where attention to prevention and quality can demonstrate improved health care delivery and outcomes. Individual clinical preventive services, such as timely, age appropriate immunizations, screening tests, and counseling, have been shown to have a substantial impact on morbidity and mortality (Healthy Kentuckians 2010).

Annually, the measures that are not one of the Healthcare Effectiveness Data and Information Set (HEDIS¹) are validated by the EQRO. IPRO addresses the reliability and validity of the reported PM rates as required by both the health plan contract and the Federal MMC regulations and requirements.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Validation of Performance Improvement Projects

Performance improvement projects (PIPs) for the subject time period were reviewed for each MCO to ensure that the projects were designed, conducted and reported in a methodologically sound manner, allowing real improvements in care and services and giving confidence in the reported improvements.

The results of these three EQR activities performed by IPRO are detailed in **Section 4** of the report.

Overall Conclusions and Recommendations

The following is a high-level summary of the conclusions drawn from the findings of the EQR activities regarding the Kentucky MMC health plans' strengths and IPRO's recommendations with respect to quality of care and access to/timeliness of care. Specific findings, strengths and recommendations are described in detail in **Section 4** of this report.

Anthem Blue Cross and Blue Shield Medicaid

Since Anthem Blue Cross and Blue Shield Medicaid entered the Kentucky Medicaid program in 2014, there is limited information for review. The plan could not report HEDIS®, Consumer Assessment of Healthcare Providers and Systems (CAHPS®), or Healthy Kentuckians (HK) PMs in 2014. This review is based solely on data and information collected during the annual compliance review and PIP validations. Additionally, there is no past assessment for comparison.

Quality of Care

In the domain of quality, Anthem Blue Cross and Blue Shield Medicaid demonstrated the following strengths:

- Anthem Blue Cross and Blue Shield Medicaid performed well, earning substantial compliance, in the following compliance domains related to quality: Quality Measurement and Improvement (2.68 of 3.0 total points), Grievances (2.46 of 3.0 total points), Credentialing/Recredentialing (2.77 of 3.0 points), Program Integrity (2.75 of 3.0 total points), Delegation (2.91 of 3.0 total points) and Medical Records (2.30 of 3.0 total points) and full compliance for Health Information Systems (3.0 of 3.0 points).
- The MCO submitted the following PIP focused on quality of care: Use of Antipsychotics in Children and Adolescents (proposal). Strengths of the proposal included a rationale supported with national statistics and inclusion of process measures to track the interventions.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- Despite earning substantial compliance for all domains addressing quality, there were 47 elements requiring corrective action across six (6) domains. Domains with greatest number of elements requiring corrective action included: Quality Measurement and Improvement (9), Grievances (8), Program Integrity (12), and Medical Records (11).

In the domain of quality, IPRO recommends that Anthem Blue Cross and Blue Shield Medicaid:

- Address areas of less than full compliance for all review domains, particularly those with a large number of elements requiring corrective action.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, Anthem Blue Cross and Blue Shield Medicaid demonstrated the following strengths:

- The MCO earned substantial compliance for the following compliance domains related to access and timeliness: Access (2.94 of 3.0 points), Utilization Management (UM; 2.82 of 3.0 total points), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT; 2.45 of 3.0 total points), Care Management (2.10 of 3.0 points), Enrollee

Rights (2.54 of 3.0 points), Member Outreach (2.83 of 3.0 total points), Behavioral Health Services (2.30 of 3.0 points), and Pharmacy Services (2.79 of 3.0 total points).

- The MCO submitted a PIP focusing on access, “Emergency Department Utilization.” Strengths included a strong rationale supported by data and national statistics and inclusion of process measures to track the interventions.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- Anthem Blue Cross and Blue Shield Medicaid was minimally compliant (1.57 of 3.0 total points) in the compliance domain Health Risk Assessment.
- Despite achieving substantial compliance on the majority of domains related to access, there were 32 elements requiring corrective action across seven (7) domains. Domains with greatest number of elements requiring corrective action included: Care Management (8) and Behavioral Health Services (8).

In the domain of access to/timeliness of care, IPRO recommends that Anthem Blue Cross and Blue Shield Medicaid:

- Address areas of less than full compliance for all review domains, particularly for Health Risk Assessment, which scored minimal compliance and the domains with the largest number of elements requiring corrective action.

CoventryCares of Kentucky

Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- CoventryCares of Kentucky demonstrated strong performance for the following compliance domains related to quality: earning full compliance (3.0 of 3.0 total points) for Credentialing/Recredentialing and Medical Records, achieving substantial compliance for Quality Measurement and Improvement (2.37 of 3.0 points) and was deemed for Health Information Systems due to full compliance in the prior review.
- Among the HEDIS® measures related to respiratory conditions, rates for asthma medication management were a relative strength. Rates for the following ranked above the National Committee for Quality Assurance (NCQA) national averages²: Use of Appropriate Medications for People with Asthma, Medication Management for People with Asthma – 75% Compliance, and Asthma Medication Ratio.
- The plan performed well on measures related to medication management as demonstrated by HEDIS® rates above the NCQA national average for: Persistence of Beta-Blocker Treatment After a Heart Attack, Antidepressant Medication Management (both numerators), Follow-up Care for Children Prescribed ADHD Medication (both numerators), Adherence to Antipsychotic Medications for Individuals with Schizophrenia, three of five (3 of 5) numerators for Annual Monitoring for Patients on Persistent Medications, as well as the aforementioned metrics for asthma medication management. The exception was Pharmacotherapy Management of COPD Exacerbation with rates for both numerators that fell below the NCQA national averages.
- Regarding behavioral health, CoventryCares of Kentucky reported a rate above the national average for most HEDIS® measures. As noted above, the metrics for behavioral health medication management, Antidepressant Medication Management (both numerators), Follow-up Care for Children Prescribed ADHD Medication (both numerators), and Adherence to Antipsychotic Medications for Individuals with Schizophrenia ranked above the NCQA national averages, as did Follow-up After Hospitalization for Mental Illness: 30-day follow-up, and Diabetes Monitoring for People with Diabetes and Schizophrenia.
- CoventryCares of Kentucky submitted the following PIP focused on quality: “Comprehensive Diabetes Testing and Screening” (proposal). Strengths included a strong rationale supported by national, state, regional and Medicaid-specific and MCO data, clearly defined indicators derived from HEDIS®, and the planned intervention strategy.

² The national average is the NCQA Quality Compass™ 2014 HEDIS® average for all Medicaid MCOs reporting to NCQA. Kentucky Medicaid Technical Report 2015

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- CoventryCares of Kentucky achieved only minimal compliance for the following domains: Grievances (1.40 of 3.0 total points), Delegation (1.0 of 3.0 total points) and non-compliance for Program Integrity (0.67 of 3.0 total points).
- Overall, the plan required corrective action for 37 elements across four (4) domains related to quality. The domains with the greatest number of elements requiring corrective action included: Quality Measurement and Improvement (22), Grievances (7), and Program Integrity (7).
- In HEDIS® measures for prevention and screening, only Adolescent Immunization Status (both antigens and combo 1) ranked above the NCQA national average. Rates for all of the following were below NCQA national averages: Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (all 3 numerators), Childhood Immunizations: Combo 3, Human Papillomavirus Vaccine for Female Adolescents, Lead Screening in Children, and Chlamydia Screening in Women.
- Despite strong performance on the measures related to asthma medication management, CoventryCares of Kentucky's overall performance related to care for respiratory conditions is in need of improvement. As was noted in the prior review, the following HEDIS® rates were below the NCQA national averages: Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with URI, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis. Additionally, for this reporting period, performance for Pharmacotherapy Management for COPD Exacerbation (both numerators) was below average.
- With the exception of Persistence of Beta-Blocker Treatment After a Heart Attack, metrics for cardiovascular care exhibited below average performance. Rates for Cholesterol Screening for Patients with Cardiovascular Conditions (both numerators) and Controlling High Blood Pressure fell below the NCQA national averages.
- In addition, CoventryCares of Kentucky reported rates below the NCQA national average for five of ten (5 of 10)³ HEDIS® Comprehensive Diabetes Care numerators: HbA1c Testing, HbA1c < 8 mg/dL, Eye Exam, LDL-C Control, and Blood Pressure Control (< 140/80 mmHg). It should be noted that in the prior review period, rates for all ten (10) numerators were below the averages, so some improvement was demonstrated.
- The rates for HEDIS® Board Certification present an opportunity for improvement. Rates for all for all provider types fell below the NCQA national averages, as found for most of the Kentucky Medicaid MCOs. However; CoventryCares of Kentucky's rates were all above the statewide average rates.
- In the prior review period, the Child CAHPS®⁴ 5.0 survey items: How Well Doctors Communicate, Rating of Personal Doctor and Rating of Specialist Seen Most Often each ranked above the NCQA national averages; however, in reporting year (RY) 2014, rates for only two of the three (2 of the 3) survey items exceeded the NCQA national averages, representing a decline in performance.
- Additionally, prior strong performance in Adult CAHPS® 5.0 for member satisfaction with network providers waned, with two of three (2 of 3) rates below NCQA national averages in RY 2014: How Well Doctors Communicate and Rating of Specialist Seen Most Often.
- Member satisfaction with the plan also deteriorated from the prior year and was below NCQA national averages, as exhibited in the Adult CAHPS® 5.0 rates for Customer Service, Rating of Health Plan, and Rating of all Health Care. Likewise, for the Child CAHPS® 5.0, rates for both Rating of Health Plan and Rating of all Health Care were below the NCQA national averages.
- Related to the HK PMs, CoventryCares of Kentucky reported only one rate that exceeded the statewide aggregate rate, Prenatal Screening/Counseling: Postpartum Depression Screening. The remaining rates fell below the statewide aggregate rates, including: Adult Height and Weight Documented, Adult Counseling for Nutrition and Physical Activity, Cholesterol Screening for Adults, Child and Adolescent Height and Weight Documented, Adolescent Screening/Counseling (all 4 numerators) and seven of eight (7 of 8) Prenatal Screening/Counseling numerators. Overall, rates improved for nine (9) numerators (between 0.2 to over 40 percentage points); declined for seven (7) numerators (between 0.3 to over 11 percentage points), and the rate

³ For the numerator, HbA1c > 9.0 mg/dL, CoventryCares' rate ranked at the NCQA national average.

⁴ CAHPS® (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

for one numerator changed from not report to reportable. It should be noted that the MCO corrected the prior reporting period abstraction errors and all medical record numerators were found to be reportable.

- CoventryCares of Kentucky submitted the following PIPs focused on quality: “Major Depression: Antidepressant Medication Management” (interim measurement), “Supporting Families of Children with ADHD” (baseline measurement), and “Antipsychotic Use in Children and Adolescents” (proposal). The MCO achieved improvement for all indicators in the antidepressant medication PIP; however the PIP evaluation resulted in a score of 47.5 of 80 total points with a “Not Met” designation and which resulted in a corrective action plan (CAP) request from DMS. Due to poorly defined indicators, the MCO was not able to report baseline rates for the ADHD PIP. The MCO failed to include three of six (3 of 6) DMS-required indicators in its proposal for the antipsychotic use PIP.

In the domain of quality, IPRO recommends that CoventryCares of Kentucky:

- Address all compliance domains and elements that were found less than fully compliant, with a particular focus on areas with minimal and non-compliance designations and all elements requiring corrective action;
- work to improve the rates for HEDIS® measures which fell below the NCQA national averages and the HK PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period;
- evaluate the root causes and initiate improvement strategies for the declines in member satisfaction with network providers and the health plan, as demonstrated by current performance on the Adult and Child CAHPS® 5.0;
- consider working with DMS and the other Kentucky Medicaid MCOs to examine the reasons for providers’ low rates for board-certification to determine if this issue is specific to CoventryCares of Kentucky or is a regional/statewide norm; and
- implement corrective actions to improve the methodological soundness and success of each of the current PIPs.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, CoventryCares of Kentucky demonstrated the following strengths:

- Compliance domains related to access that were relative strengths included: EPSDT which achieved full compliance (3.0 of 3.0 total points) and the following, which earned substantial compliance: Access (2.0 of 3.0 total points), Utilization Management (UM) (2.67 of 3.0 points), Enrollee Rights (2.96 of 3.0 points), Behavioral Health Services (2.25 of 3.0 total points), and Member Outreach, which was deemed due to earning full compliance in the prior review. It should be noted that performance on Enrollee Rights improved substantially from the prior year.
- The plan reported rates above national averages for the following HEDIS® measures: Adults' Access to Preventive/Ambulatory Health Services (all age groups and total), Children and Adolescents' Access to Primary Care Practitioners (PCPs; 3 of 4 age groups), Annual Dental Visit, and Prenatal and Postpartum Care: Timeliness of Prenatal Care.
- The plan’s rates were above the national average for the CAHPS® 5.0 Adult and Child survey measures: Getting Needed Care and Getting Care Quickly and had a rate for Call Answer Timeliness that ranked above the NCQA national average.
- CoventryCares of Kentucky exhibited strong performance for the following HK PMs for children with special health care needs’ (CSHCNs’) access to care, with rates equal to or above the statewide rate: Annual Dental Visits, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, and Children and Adolescents’ Access to Primary Care Practitioners (ages 12–24 months and 12–19 years cohorts)⁵.

⁵ CoventryCares of Kentucky did not report rates for Children and Adolescents’ Access to Primary Care Practitioners for CSHCNs Well-Child Visits in the First 15 Months of Life in RY 2013 or RY 2014, so performance cannot be assessed at this time.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- The following compliance domains were found minimally or non-compliant: Health Risk Assessment (1.33 of 3.0 points), Care Management (0.75 of 3.0 total points) and Pharmacy Services (0 of 3.0 total points). It should be noted that Health Risk Assessment was designated minimally compliant (1.5 of 3.0 total points) in the prior review as well. Performance declined for the Care Management domain from substantially compliant (2.73 of 3.0 total points) and for Pharmacy Services, which was deemed in the prior review due to achieving full compliance in 2013.
- Despite strong performance on the HEDIS® measure Timeliness of Prenatal Care, the plan's rate for Frequency of Ongoing Prenatal Care: 81%+ Expected Visits fell below the NCQA national average, a decline from the prior year. Additionally, the Postpartum Care rate was below the NCQA national average.
- Although performance was strong overall for HEDIS® Children and Adolescents' Access to Primary Care Practitioners; access to well-care services for children and adolescents is in need of improvement as represented by rates below national averages for the HEDIS® measures: Well-Child Visits in the First 15 Months of Life: 6+ Visits, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits.
- Improvement is needed in access to behavioral health services as demonstrated by performance below the NCQA national averages for Initiation of Alcohol and Other Drug Dependence Treatment (both numerators) and Follow-up After Hospitalization for Mental Illness: 7-day follow up.
- Regarding access/timeliness of care for CSHCNs, the plan reported rates below the statewide rates for the following HK PMs in the Children with Special Health Care Needs (CSHCNs) domain: Adolescent Well-Care Visits and Children and Adolescents' Access to Primary Care Practitioners (ages 25 months–6 years and 7–11 years cohorts).
- The plan submitted the following PIP focused on access to care: "Decreasing Non-emergent/Inappropriate Emergency Room Utilization" (interim measurement). Although the MCO achieved improvement and exceeded the performance goal for one indicator, the PIP evaluation resulted in a score of 37.5 of 80 total points with a "Not Met" designation and which resulted in a corrective action plan (CAP) request from DMS. Due to a poorly defined indicators and results that were not presented clearly, results for one indicator could not be interpreted.
- CoventryCares of Kentucky submitted a second PIP related to access to and timeliness of care, "Decreasing Avoidable Hospital Re-admissions" (baseline measurement). Important recommendations have not yet been addressed, particularly the definition of key indicator terms and more detailed descriptions of the interventions and the current status of implementation.

In the domain of access to/timeliness of care, IPRO recommends that CoventryCares of Kentucky:

- address all compliance domains and elements that were found less than fully compliant, with a particular focus on areas with minimal and non-compliance designations and all elements requiring corrective action, particularly Health Risk Assessment;
- work to improve the rates for HEDIS® measures which fell below the NCQA national averages and HK PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period or declined from the prior reporting period and focusing on HEDIS® measures for well-care visits for children and adolescents; and
- implement corrective actions to improve the methodological soundness and success of each of the current PIPs.

Humana-CareSource

It is important to note that RY 2014 was Humana-CareSource's first year for reporting HEDIS®, CAHPS®, and the HK PMs. Therefore, performance cannot be trended and it is difficult to make overall conclusions regarding the plan's performance in these areas since many of the HEDIS® and HK measures could not be reported since too few members met continuous enrollment criteria.

Quality of Care

In the domain of quality, Humana-CareSource demonstrated the following strengths:

- Humana-CareSource achieved full compliance (3.0 of 3.0 total points) for the compliance domain Medical Records and substantial compliance for the following domains: Quality Measurement and Improvement (2.89 of 3.0 total points), Grievances (2.89 of 3.0 total points), Credentialing/Recredentialing (2.80 of 3.0 points), and Program Integrity (2.0 of 3.0 total points), and was deemed for the Delegation and Health Information Systems domains due to prior scores of full compliance (3.0 of 3.0 total points). It should be noted that only three (3) elements across all domains related to quality required corrective action.
- The following HK measures exhibited relatively strong performance: Cholesterol Screening for Adults with a rate approaching the statewide aggregate rate and Adolescent Screening/Counseling with rates above the statewide aggregate rate for all four (4) numerators.
- Humana-CareSource submitted the following PIPs focused on quality of care: “Untreated Depression” (baseline measurement) and “Use of Antipsychotics for Children and Adolescents” (proposal). Strengths included: a well-developed rationale supported by MCO-specific, national, and global statistics, and clinical practice guidelines, working with external collaborators, and development of a creative intervention strategy.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- Performance for HEDIS® prevention and screening measures presents ample opportunity for improvement. The plan exceeded the NCQA national average for only one (1) measure, Chlamydia Screening in Women. Rates for all of the following ranked below the NCQA national averages: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Childhood Immunizations: Combo 3, Adolescent Immunizations (2 of 3 numerators), and Lead Screening in Children⁶.
- Performance on metrics for care of diabetes demonstrates substantial room for improvement. Only two of ten (2 of 10) measure rates exceeded NCQA national averages: HbA1c Testing and Blood Pressure Control < 140/90 mmHg. The rates for the remaining HEDIS® Comprehensive Diabetes Care numerators fell below the NCQA national averages, including: HbA1c > 9 mg /dL, HbA1c < 8 mg/dL, HbA1c < 7 mg/dL, Eye Exams, LDL-C Screening, LDL-C Control, Medical Attention for Nephropathy, and Blood Pressure Control < 140/80 mm/Hg.
- In relation to care for respiratory conditions, the plan’s rates fell below the NCQA national averages for Appropriate Treatment for Children with URI and Pharmacotherapy Management for COPD Exacerbation (both numerators). However, the plan was not able to report the remaining five (5) measures in this domain: Appropriate Testing for Children with Pharyngitis, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis as well as the three (3) measures for management of asthma medications: Appropriate Medications for People with Asthma, and Medication Management for People with Asthma: 75% Compliance, and Asthma Medication Ratio.
- No conclusions can be drawn regarding the plan’s performance on measures for cardiovascular care. The rate for Controlling High Blood Pressure fell below the national average, but the plan was not able to report Cholesterol Management for Patients with Cardiovascular Conditions and Persistence of Beta-Blocker Treatment After a Heart Attack.
- Similarly, no statement can be made about performance for medication management measures, since the plan was not able to report the following measures: Annual Monitoring for Patients on Persistent Medications, the aforementioned measures for management of asthma medications, Persistence of Beta-Blocker Treatment After a Heart Attack, Antidepressant Medication Management, Follow-up Care for Children Prescribed ADHD Medications, and Adherence to Antipsychotic Medications for Individuals with Schizophrenia.
- Performance for measures of behavioral health care was inconclusive as well. Of six (6) measures related to quality of care, Humana-CareSource was able to report only one (1), Diabetes Screening for People with

⁶ Humana-CareSource was not able to report Adult BMI Assessment and Human Papillomavirus Vaccine for Female Adolescents in RY 2014, so performance cannot be evaluated at this time.

Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications and the rate was below the NCQA national average.⁷

- Rates for HEDIS® Board Certification were mixed, with rates for three of six (3 of 6) provider types exceeding the NCQA national average rates and three (3) others falling below the national averages.
- Results for both the Adult and Child CAHPS® 5.0 surveys reveal substantial room for improvement related to member satisfaction with the plan and network providers. The following rates of satisfaction with providers fell below the NCQA national averages: How Well Doctors Communicate and Rating of Personal Doctor (both adult and child surveys). Metrics for satisfaction with the plan that fell below the NCQA national averages included: Customer Service (both adult and child surveys), Rating of All Health Care and Rating of Health Plan (child survey).
- Definitive statements cannot be made regarding the plan's performance for many of the HK PMs due to the number of measures the plan was not able to report. However, it is clear that performance for Prenatal Screening/Counseling presents ample opportunity for improvement. Rates for the following numerators were less than 10%: tobacco screening, alcohol screening, substance use screening, nutrition assessment/counseling, counseling for OTC and prescription medications, and prenatal depression screening. The rate for postpartum depression screening was only slightly better, at just over 14%.

In the domain of quality, IPRO recommends that Humana-CareSource:

- address any areas of less than full compliance with special attention to elements that require corrective action;
- work to improve rates for HEDIS® measures that were below the NCQA national averages, with particular attention on metrics for preventive and screening and care for diabetes;
- based on the CAHPS® 5.0 survey results, conduct a root-cause analysis to determine the reasons for lack of member satisfaction with network providers and the MCO and initiate interventions directed toward improvement; and
- initiate interventions directed at improving the HK measure rates for Prenatal Screening/Counseling.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- The plan demonstrated very good performance on the compliance domains, achieving substantial compliance for each: UM (2.89 of 3.0 total points), Pharmacy Services (2.75 of 3.0 total points), Care Management (2.67 of 3.0 total points), Behavioral Health Services and EPSDT (both with 2.5 of 3.0 total points), Enrollee Rights (2.40 of 3.0 total points), and Health Risk Assessment and Access (both with 2.0 of 3.0 total points). Additionally, Member Outreach was deemed, due to full compliance in the prior review. It is also important to note that only three (3) elements in these domains required corrective action.
- Access to prenatal care is relative strength, as demonstrated in the above average rates for HEDIS® Timeliness of Prenatal Care and Frequency of Prenatal Care: 81%+ Expected Visits.
- CAHPS® 5.0 results for both the adult and child surveys revealed strong member satisfaction with Getting Needed Care and Getting Care Quickly. Likewise, the rate for HEDIS® Call Answer Timeliness exceeded the NCQA national average.
- Humana-CareSource submitted the following PIPs focused on access to/timeliness of care: "Emergency Department (ED) Use Management" (baseline measurement) and "Postpartum Care" (proposal). Strengths include: strong rationale supported by data and clinical practice guidelines, collaboration with providers and community agencies, and a well-defined and broad intervention strategy.

⁷ Humana-CareSource was not able to report the remaining behavioral health measures, including: Antidepressant Medication Management, Follow-up for Children Prescribed ADHD Medications, Diabetes Monitoring for People with Diabetes and Schizophrenia, Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia, and Adherence to Antipsychotic Medications for Individuals with Schizophrenia.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- The following HEDIS® measure rates are in need of improvement: Adults' Access to Ambulatory and Preventive Health Care Services (all 3 age groups and total), Children and Adolescents' Access to Primary Care Practitioners (12–24 months and 25 months–6 years cohorts)⁸ as well as Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits⁹
- Despite strong performance on HEDIS® measures for access to prenatal care, the rate for Postpartum Visits was below the NCQA national average.
- No clear conclusion can be made regarding performance on HEDIS® measures of access to behavioral health services. Although the rates for Follow-up After Hospitalization for Mental Illness (both numerators) were below the NCQA national averages, the plan was not able to report rates for Initiation and Engagement with Alcohol and Other Drug Dependence Treatment.
- Performance on HK PMs for access to care for CSHCN was mixed. The following rates were very good: Children and Adolescents' Access to Primary Care Practitioners (12–24 months and 25 months–6 years age cohorts), while the following rates fell below the statewide aggregate rate: Annual Dental Visits, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, and Adolescent Well-Care Visits¹⁰.

In the domain of access to/timeliness of care, IPRO recommends that Humana-CareSource:

- address any areas of less than full compliance with special attention to elements that require corrective action;
- work to improve rates for HEDIS® and HK measures that were below the NCQA national averages or the statewide aggregate rate, with particular attention on metrics for children and adolescent's access to PCPs and well-care visits for both the general member population and CSHCNs; and
- move ahead with the PIP focused on improving rates for HEDIS® Postpartum Visits.

Passport Health Plan

Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- Passport Health Plan demonstrated strong performance for the following quality-related compliance domains: QAPI Measurement and Improvement (2.88 of 3.0 total points), Grievances (2.50 of 3.0 total points), Credentialing (2.67 of 3.0 total points), Program Integrity (3.0 of 3.0 total points) and Medical Records (2.80 of 3.0 total points). Passport Health Plan was deemed for the Delegation and Health Information Systems domains due to prior scores of full compliance (3.0 of 3.0 total points). It should be noted only twelve (12) elements across all domains required corrective action and there were seven (7) domains that required no corrective action.
- The plan performed strongly with respect to the HEDIS® measures for Preventive Care. Passport Health Plan's rates exceeded the NCQA national average for eleven of twelve (11 of 12) measures. The exception was Human Papillomavirus Vaccine for Female Adolescents, however; the rate did surpass the statewide average.
- The MCO's rates for HEDIS® measures related to care for chronic respiratory conditions were very good. Rates were above the NCQA national averages for all of the following: Pharmacotherapy Management of COPD Exacerbation (both numerators), improving its performance from the prior period of review, Use of Appropriate

⁸ Humana-CareSource was not able to report rates for Children and Adolescents' Access to Primary Care Practitioners, 7–11 years and 12–19 years cohorts.

⁹ Humana-CareSource was not able to report rates for Well-Child Visits in the First 15 Months of Life.

¹⁰ Humana-CareSource was not able to report rates for the following measures of access for CSHCNs: Well-Child Visits in the First 15 Months of Life and Children and Adolescents' Access to Primary Care Practitioners (7–11 years and 12–19 years age cohorts).

Medications for People with Asthma, Medication Management for People with Asthma: 75% Compliance, and Asthma Medication Ratio.

- In relation to HEDIS® measures for cardiovascular care, the plan's rates were generally good, with two (2) rates exceeding the NCQA national average: Controlling High Blood Pressure and Persistence of Beta-Blocker Treatment After a Heart Attack. Both an improvement from the prior year's performance. However, performance for Cholesterol Screening for Patients with Cardiovascular Conditions was mixed, with LDL-C screening rates below the NCQA national average and LDL-C control above the NCQA national average.
- Care for diabetes was once again an area of high performance for Passport Health Plan, with rates for nine of ten (9 of 10) Comprehensive Diabetes Care numerators: HbA1c testing, HbA1c > 9 mg/dL, HbA1c < 8 mg/dL, HbA1c < 7 mg/dL, Eye Exams, LDL-C Screening, LDL-C Control, Medical Attention for Nephropathy, and Blood Pressure Control < 140/90 above the NCQA national average.
- Metrics related to medication management that exceeded NCQA national averages included: Annual Monitoring for Patients on Persistent Medications (3 of 4 individual medications and the total), Antidepressant Medication Management, Adherence to Antipsychotic Medications for People with Schizophrenia, the aforementioned Persistence of Beta-Blocker Treatment After a Heart Attack and the measures for asthma and COPD medications.
- Related to HEDIS® Board Certification, Passport Health Plan performed relatively well, and was the only MCO with rates above the NCQA national averages for any provider types. In total, three of six (3 of 6) specialties ranked above the Medicaid averages – Family Medicine, Internal Medicine, and Geriatricians and rates for all primary care specialties ranged from 70%-100%.
- Passport Health Plan performed well on the HK PMs. Given the plan's experience with the Medicaid market in Kentucky, is it not surprising that Passport Health Plan surpassed the statewide aggregate rate for eighteen of eighteen (18 of 18) applicable measures of quality of care. Performance for the following measures was strongest: Cholesterol Screening for Adults, Adolescent Screening/Counseling: Tobacco Screening, four of eight (4 of 8) numerators of Prenatal Screening/Counseling: Screening for Tobacco Use, Screening for Alcohol Use, Screening for Substance Use, and Counseling for Over-the-Counter (OTC) and Prescription Medications.
- Child CAHPS® 5.0 results remained strong this reporting period, with five of six (5 of 6) measures of satisfaction with the health plan and providers ranking above the NCQA national average, including: How Well Doctors Communicate and Rating of Specialist Seen Most Often. Satisfaction with the MCO was better than average as well, with rates for Customer Service, Rating of All Health Care, and Rating of Health Plan exceeding NCQA national averages.
- Passport Health Plan conducted PIPs on the following topics: "Reduction of Inappropriately Prescribed Antibiotics in Children with Pharyngitis and Upper Respiratory Infections" (final remeasurement) and "Use of Antipsychotics in Children and Adolescents" (proposal). Strengths included strong rationales supported by data for both PIPs. For the PIP focusing on appropriate use of antibiotics, the rates improved at both interim and final remeasurement for both study indicators and exceeded the improvement targets. Additionally, for the PIP assessment, the MCO scored 92.5 points out of 100 total points. For the PIP focusing on use of antipsychotics, specific strengths included a barrier analysis based on data and input from providers and members.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- Related to compliance, Passport Health Plan needs to address four (4) elements in the Quality Measurement and Improvement domain that require corrective action.
- There were relatively few HEDIS® measures that ranked below the NCQA national average. Treatment of acute respiratory conditions warrants improvement based on two of three (2 of 3) rates that fell below the national

averages: Appropriate Treatment for Children with URI and Avoidance of Antibiotics for Adults with Acute Bronchitis, despite ranking above average in the prior year. Other measures in need of improvement included: Human Papillomavirus Vaccine for Female Adolescents, both numerators of Follow-up Care for Children Prescribed ADHD Medication (as noted in the prior review), as well as another behavioral health care measure, Diabetes Monitoring for People with Diabetes and Schizophrenia.

- Despite performance that was generally above the statewide aggregate rates for the HK PMs, there is room for improvement related to: Counseling for Nutrition and Physical Activity (for adults), Adolescent Screening/Counseling for alcohol/substance use, sexual activity and depression and Prenatal Screening/Counseling for nutrition, domestic violence, and prenatal and postpartum depression screening. Additionally, rates for most of the adolescent and prenatal screening/counseling measures declined from the prior year, between fractions of a percentage point to over 20 percentage points.
- Adult CAHPS® 5.0 results declined considerably from the prior year. Rates reflected above average member satisfaction with the provider network and health plan for only two of six (2 of 6) metrics: Customer Service and Rating of Health Plan. Other rates fell below the NCQA national average: How Well Doctors Communicate, Rating of Personal Doctor and Rating of Specialist Seen Most Often, as well as Rating of All Health Care.
- Passport Health Plan conducted PIPs on the following topics: “Psychotropic Drug Intervention Program” (baseline measurement), “You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan” (baseline measurement). Both these PIPs present substantial opportunities for improvement, as the MCO was not able to report baseline rates.

In the domain of quality, IPRO recommends that Passport Health Plan:

- address areas requiring corrective action in the compliance domain, Quality Measurement and Improvement;
- focus efforts on rates for HEDIS® measures that perform below the NCQA national average, especially those that ranked below average for more than one (1) reporting period;
- conduct barrier analyses and implement strategies to improve member satisfaction for adults; and
- review and implement the EQRO recommendations for each of the PIPs, particularly those related to indicators for the asthma and psychotropic drugs PIPs, where the plan was not able to report baseline rates.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- Regarding compliance with standards, Passport Health Plan demonstrated noteworthy performance related to these domains, achieving full compliance (3.0 of 3.0 total points): Access, UM and Pharmacy Services; and earned substantial compliance for Grievances (2.50 of 3.0 total points), Health Risk Assessment (2.25 of 3.0 total points), and Behavioral Health Services (2.22 of 3.0 points), and was deemed for the following areas due to prior findings of full compliance: Enrollee Rights and Member Outreach.
- The plan exceeded the NCQA national average for twelve of fourteen (12 of 14) HEDIS® Access and Availability measures, including Adults’ Access to Preventive/Ambulatory Health Services (all age groups and total), Children’s and Adolescents’ Access to Primary Care (all age groups), and Annual Dental Visit.
- The HEDIS® Use of Services also showed strong performance, four of four (4 of 4) measure rates exceeding the national average, including: Well-Child Visits in the First 15 Months of Life: 6+ Visits, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, and Adolescent Well-Care Visits, an improvement over the prior year’s very good performance.
- Passport Health Plan also exceeded the NCQA national average for all three (3) HEDIS® measures of access/timeliness of perinatal care, Timeliness of Prenatal Care, Frequency of Ongoing Prenatal Care – 81%+ Expected Visits and Postpartum Care.

- The plan exceeded the NCQA national averages for the CAHPS® 5.0 Adult and Child survey items Getting Needed Care and Getting Care Quickly, as well as for the Access and Availability measure, Call Answer Timeliness.
- Passport Health Plan's rates for the HK PMs related to access to care for CSHCNs exceeded the statewide aggregate rate for seven of eight (7 of 8) measures and improved from the prior year for all eight (8). Particularly high-performing metrics included: Children and Adolescents' Access to Primary Care (for all age groups) and Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, with a rate almost ten (10) percentage points greater than the statewide aggregate rate. In addition, the rate for Annual Dental Visits, identified as an opportunity for improvement previously, improved and exceeded the aggregate rate.
- Passport Health Plan conducted PIPs focused on "Reducing Re-admission Rates of Postpartum Users" (proposal). The proposal's strengths included addressing an opportunity for improvement identified by an EQRO focus study and a strong rationale.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- In relation to compliance with standards, Passport Health Plan scored minimal compliance for the following domains: EPSDT (1.50 of 3.0 total points) and Care Management (1.75 of 3.0 total points).
- Despite scoring substantial compliance overall for Health Risk Assessment (2.25 of 3.0 total points), this area remains a challenge. Although the plan made appropriate outreach attempts for the majority of members in the sample, only five (5) members actually completed an HRA.
- The plan earned substantial compliance for Behavioral Health Services (2.22 of 3.0 total points); however, there were deficiencies requiring corrective action related to the behavioral health hotline.
- There is room for improvement related to access to behavioral health services, as rates for both Follow-up After Hospitalization for Mental Illness (both numerators) and Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (both numerators) ranked below the NCQA national averages.
- Passport Health Plan reported the final remeasurement for its PIP "Reduction of Emergency Room Care Rates." The rate of emergency room visits initially increased by almost five (5) percentage points at the interim measurement, then declined, but did not achieve improvement relative to baseline and did not meet the performance target. The PIP earned a score of 72.5 out of 100 total points.

In the domain of access to/timeliness of care, IPRO recommends that Passport Health Plan:

- address all areas that were not fully compliant, focusing on elements requiring corrective action in the compliance domains EPSDT, Care Management, and Behavioral Health Services and continue to work towards increasing the rates of HRA completion;
- continue working to improve rates for HEDIS® measures that perform below the NCQA national average; and
- although the PIP, "Reduction of Emergency Room Care Rates" is completed, since ED utilization is an ongoing challenge, it would be beneficial to conduct a barrier analysis, evaluate the intervention strategy and add new interventions or modify existing interventions.

WellCare of Kentucky

Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- WellCare of Kentucky showed strong performance for the following quality-related compliance domains, achieving full compliance (3.0 of 3.0 total points), Quality Measurement and Improvement, Grievances, Credentialing/Recredentialing, Program Integrity, and Delegation. Medical Records and Health Information Systems domains were deemed due to prior scores of full compliance. It should be noted that only two (2) elements across all domains required corrective action.
- HEDIS® measures of quality of care for diabetes were a relative strength for WellCare of Kentucky, with eight of ten (8 of 10) Comprehensive Diabetes Care numerators exceeding the NCQA Medicaid national averages, including: HbA1c Testing, HbA1c Control < 8 mg/dL, HbA1c Control < 7 mg/dL, LDL-C Screening, LDL-C Control <

100 mg/dL, Monitoring for Nephropathy, and Blood Pressure Control < 140/90 mm/Hg, an improvement from the mixed performance seen in the prior year.

- Care for asthma was very good, as seen in the MCO's above-average rates for Appropriate Medications for People with Asthma, Medication Management for People with Asthma: 75% Compliance, and Asthma Medication Ratio.
- Performance on HEDIS® measures of medication management improved from the prior year, with rates for Annual Monitoring for Patients on Persistent Medications (3 of 4 medications and total), Follow-up Care for Children Prescribed ADHD Medications (both numerators), Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and the three (3) measures related to asthma medication management exceeding the NCQA national averages. However, the rates for Antidepressant Medication Management (both numerators) were below average.
- WellCare of Kentucky's performance related to quality of care for members with behavioral health conditions was fairly good. While some measure rates were above the NCQA national averages: Diabetes Monitoring for People with Diabetes and Schizophrenia, Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia, Follow-up Care for Children Prescribed ADHD Medications (both numerators), and Adherence to Antipsychotic Medications for Individuals with Schizophrenia; others were below average, including: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication and Antidepressant Medication Management.
- The plan performed well in regard to consumer satisfaction with providers and the MCO, as demonstrated by rates above NCQA national average for both the Adult and Child CAHPS® survey questions, How Well Doctors Communicate, Rating of Personal Doctor, Customer Service, Rating of Health Plan and Rating of All Health Care, as well as an above average rate for the HEDIS® Call Answer Timeliness measure.
- WellCare of Kentucky reported interim rates for two (2) PIPs, baseline rates for two (2) PIPs and submitted proposals for two (2) PIPs. Quality of care topics include: "Use of Behavioral Health Medication in Children" (interim measurement), "Management of Chronic Obstructive Pulmonary Disease" (baseline measurement), and Use of Antipsychotics in Children and Adolescents" (proposal). The MCO's PIPs incorporate strong rationales, clearly defined indicators, sound methodologies, and include broad intervention strategies that target members, providers, and health plan systems and processes.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- Most HK PMs related to quality of care continue to present an opportunity for improvement, with the exception of Cholesterol Screening for Adults. Despite eleven of eighteen (11 of 18) measure rates that exceeded the statewide aggregate rates, most of the following rates were below 50%: Counseling for Nutrition and Physical Activity for Adults (first year reported); Adolescent Screening/Counseling: Screening for Tobacco Use, Screening for Alcohol/Substance Use, Screening/Counseling for Sexual Activity and Screening for Depression; as well as Perinatal Screening/Counseling: Screening for Tobacco Use, Screening for Alcohol Use, Screening for Substance Use, Counseling for Nutrition, Counseling for OTC/Prescription Drugs, Screening for Domestic Violence and Prenatal and Postpartum Screening for Depression. It should be noted, however, that the majority of rates did increase from RY 2013, some as much as 10 percentage points.
- The plan reported rates substantially below the NCQA national average for all provider types of the HEDIS® Board Certification measure, as did most of the Kentucky Medicaid MCOs.
- Ample opportunity for improvement continues in the HEDIS® prevention and screening domain, with rates below the NCQA national average for these measures: Childhood Immunization: Combo3, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Human Papillomavirus Vaccine for Female Adolescents and Chlamydia Screening. However, it should be acknowledged that rates for the following: Adult BMI Assessment, Adolescent Immunization Status (all 3 numerators), and Lead Screening in Children were above the NCQA national average for RY 2014.
- HEDIS® Effectiveness of Care metrics for cardiovascular risk benchmarked below the NCQA national average: Cholesterol Screening for People with Cardiovascular Conditions (LDL-C screening rates were below average,

though rates for LDL-C control were above), Controlling High Blood Pressure, and Persistent Beta-Blocker Treatment After a Heart Attack.

- For HEDIS® measures of acute respiratory care, the plan's rates fell below the NCQA national average for three of four (3 of 4) measures: Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with URI, and Pharmacotherapy Management of COPD Exacerbation (both numerators).

In the domain of quality, IPRO recommends that WellCare of Kentucky:

- Continue to work on improving rates for HEDIS® and HK measures related to preventive and screening services;
- take action to increase risk screening and counseling for adolescents and pregnant women;
- work to improve HEDIS® measure rates that fall below the NCQA national averages, particularly for measures related to cardiovascular care, appropriate testing and antibiotic use for children with acute respiratory illnesses, and some behavioral health care measures;
- address all areas that were found less than fully compliant, with special attention to the domains Behavioral Health Services and Health Risk Assessment; and
- consider working with DMS and the other MCOs to examine the reasons for low rates for board-certification to determine if this issue is specific to WellCare of Kentucky or is a regional/statewide norm.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, WellCare of Kentucky demonstrated the following strengths:

- WellCare of Kentucky achieved full compliance (3.0 of 3.0 total points) for the compliance domains Grievances, Access, UM, Care Management, and Enrollee Rights and substantial compliance for the domains Health Risk Assessment, Behavioral Health Services, and Pharmacy Services. The Member Outreach domain was deemed due to a prior score of full compliance. It should be noted that only two (2) elements across all domains required corrective action.
- The plan exceeded the NCQA national average for the following HEDIS® Access and Availability of Care measures: Adults' Access to Preventive/Ambulatory Health Services (all age groups and total), Children and Adolescents' Access to Primary Care Practitioners (all age groups: 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years), Annual Dental Visit, and the Use of Services measure Well-Child Visits in the First 15 Months of Life.
- The plan demonstrated strong performance in regard to prenatal care as demonstrated by rates above the NCQA national average for Timeliness of Prenatal Care and Frequency of Ongoing Prenatal Care: 81% + Expected Visits.
- The plan exceeded the NCQA national averages for both the Adult and Child CAHPS® 5.0 items Getting Needed Care and Getting Care Quickly.
- Related to the HK PMs, WellCare of Kentucky demonstrated strength for the majority of measures related to access to care and services for CSHCNs, including: Annual Dental Visits, Well-Care Visits in the First 15 Months of Life 6+ Visits, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life and Children and Adolescents' Access to Primary Care Practitioners.
- WellCare of Kentucky is conducting PIPs focused on "Inappropriate Emergency Department Utilization," (interim measurement), "Follow-up After Hospitalization for Mental Illness" (baseline measurement), and "Postpartum Care" (proposal). The PIPs incorporate strong rationales, clearly defined indicators, sound methodologies, and include broad intervention strategies that target members, providers, and health plan systems and processes.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- Despite an overall score of substantial compliance, there is opportunity for improvement related to the compliance domain Behavioral Health Services (2.0 of 3.0 total points), with corrective action required for elements related to the behavioral health hotline service.

- Although the area of Health Risk Assessment remains a challenge, WellCare of Kentucky demonstrated substantial improvement compared to the prior assessment. Appropriate outreach was documented for all twenty-five (25) members in the file review sample; although only ten (10) members completed an HRA.
- There is still need for improvement in access to behavioral health care services. The plan's performance for HEDIS® Follow-up After Hospitalization for Mental Illness was mixed; the rate for 7-day follow-up ranked below the NCQA national average, though the 30-day follow-up rate exceeded the NCQA national average. Additionally, rates were below the NCQA national average for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (both numerators).
- Despite strong performance on measures of access to prenatal care, the plan's rate for Postpartum Care fell below the NCQA national average once again.
- Also, despite strong performance on measures of access to primary care for children and adolescents, rates for both Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits were below the NCQA national averages.

In the domain of access to/timeliness of care, IPRO recommends that WellCare of Kentucky:

- work to improve HEDIS® measure rates which fall below the NCQA national averages, particularly related to access/timeliness of behavioral health service and continue the PIP focused on Follow-up After Hospitalization for Mental Illness, evaluating and modifying the intervention strategy where needed;
- Implement the planned PIP focusing on Postpartum Care, evaluating and modifying the intervention strategy where necessary as the PIP progresses;
- address all compliance areas found less than fully compliant, particularly for the domain Behavioral Health Services; and
- as recommended previously, consider initiating a PIP focused on improving rates for well-care visits for children and adolescents.

2. BACKGROUND

Kentucky Medicaid Managed Care Program

History of Kentucky Medicaid Managed Care Program

In December 1995, the Commonwealth of Kentucky was granted approval for an amendment to the Medicaid Access and Cost Containment Demonstration Project. The approved amendment permitted the establishment of eight regional managed care networks consisting of public and private providers to deliver health care services to Medicaid beneficiaries. Each region would have one managed care entity or Partnership, subject to state-specified guidelines. Medicaid beneficiaries would be enrolled into the Partnership designated for their area. The Partnership demonstration was implemented on November 1, 1997. Two (2) partnerships were developed and implemented in Region 3 (Louisville and 15 surrounding counties) and Region 5 (Lexington and its surrounding counties). In 1999, the Region 5 Partnership notified DMS that it could no longer maintain its provider community. In 1999 and 2000, CMS approved amendments to the Commonwealth's waiver program that allowed for a move from a statewide to a sub-state model in order to continue to operate the one remaining partnership plan.

From July 2000 to December 2012, the Commonwealth operated a partnership plan, known as Passport Health Plan only in Region 3 (Louisville/Jefferson County and the 15 surrounding counties). The partnership functioned as a provider-controlled managed care network and contracted with a private health maintenance organization (HMO) to provide the necessary administrative structure (i.e., enrollment, beneficiary education, claims processing, etc.).

However in 2011, as a result of an increased demand for cost-effective health care, the Kentucky Cabinet for Health and Family Services (CHFS) and DMS initiated an expansion of the MMC program in order to offer quality health care statewide. In September 2011, CHFS received approval from CMS to operate a Medicaid MCO waiver program for the period of October 1, 2011 through September 30, 2013. The waiver allowed Kentucky to implement a mandatory managed care program statewide. In November 2011, three MCOs, CoventryCares of Kentucky, Kentucky Spirit Health Plan and WellCare of Kentucky, joined Passport Health Plan in offering Medicaid services including those related to behavioral health. With this expansion, Medicaid services in Kentucky were made available statewide, allowing all eligible Kentuckians to enroll in a managed care plan. For the reporting year 2012, Kentucky MCOs operated regionally, as follows: CoventryCares of Kentucky in all regions; Kentucky Spirit Health Plan in all regions, except Region 3; Passport Health Plan in Region 3; and WellCare of Kentucky in all regions. As of July 2013, Kentucky Spirit Health Plan withdrew from the Kentucky MMC program. However, in January 2013 Humana-CareSource began serving beneficiaries in Region 3 and in 2014, began serving beneficiaries statewide. Also in 2014, Passport Health Plan expanded its service area from Region 3 only to statewide. Anthem Blue Cross and Blue Shield Medicaid joined the program and began enrolling members in January 2014. Anthem Blue Cross and Blue Shield Medicaid serve beneficiaries statewide except for Region 3.

In calendar year 2014, the Kentucky MMC program was comprised of the MCOs and service areas listed in **Table 1**.

Table 1: Kentucky Medicaid MCOs – CY 2014

MCO Name	Medicaid Service Area
Anthem Blue Cross and Blue Shield Medicaid	Statewide excluding Region 3
CoventryCares of Kentucky	Statewide
Humana-CareSource	Statewide
Passport Health Plan	Statewide
WellCare of Kentucky	Statewide

Kentucky Managed Care Quality Strategy

In September 2012, DMS issued the Kentucky Managed Care Quality Strategy (MCQS) to outline the goals, objectives and expectations of the expanded Managed Care program.

In keeping with federal regulation and in an effort to show its dedication to the national initiative, *Healthy People 2010*, DMS issued a measure set which Medicaid plans would be required to report. This initiative, Healthy Kentuckians (HK), includes ten leading health indicators along with related goals and objectives. Other PMs, including ones derived from HEDIS®, are included in the requirement for plan reporting to allow for comparison to national benchmarks. Together, these measures address timeliness of, quality of and access to care provided to individuals enrolled in managed care.

The primary goals of the Kentucky MMC program are to improve health status of Medicaid enrollees and lower morbidity among enrollees with serious mental illness. DMS has established the following objectives in order to effectively accomplish this goal:

1. improve access and coordination of care;
2. provide health care at the local level through the managed care system using public and private providers;
3. redirect the focus of health care toward primary care and prevention of illness;
4. monitor and improve the quality of the health care delivery system;
5. increase health promotion efforts, psychotropic medication management and suicide prevention; and
6. implement effective and responsive cost management strategies in the health care delivery system designed to stabilize growth in Medicaid costs.

DMS has identified six health care conditions and utilization trends which present statewide issues and, as such, have been selected as targets for improvement:

- diabetes,
- coronary artery disease screenings,
- colon cancer screenings,
- cervical/breast cancer screenings,
- mental illness, and
- reduction in ED usage/management of ED services.

In an effort to improve overall health care, especially as it relates to those conditions listed above, DMS has set the following goals and objectives:

1. improve preventive care for adults by increasing the performance of the state aggregate HEDIS® Colorectal Cancer Screening, HEDIS® Breast Cancer Screening and HEDIS® Cervical Cancer Screening measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;
2. improve care for chronic illness by increasing the performance of the state aggregate HEDIS® Comprehensive Diabetes Care and HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;
3. improve behavioral health care for adults and children by increasing the performance of the state aggregate HEDIS® Antidepressant Medication Management and HEDIS® Follow-up After Hospitalization for Mental Illness measures to meet/exceed the 2012 Medicaid 50th percentile and 75th percentile, respectively, or to exceed each baseline performance rate by at least 10 percent; and
4. improve access to medical homes by increasing the performance of the state aggregate HEDIS® Adults Access to Preventive/Ambulatory Health Services and HEDIS® Children and Adolescents Access to Primary Care Practitioners measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent. In addition, DMS aims to increase the HEDIS® Ambulatory Care-Outpatient Visit rate to the Medicaid 50th percentile or by 10 percent and decrease HEDIS® Ambulatory Care-ED Utilization rate by 10 percent.

As part of Kentucky's MCQS, annual reviews of the effectiveness of the previous year's quality plan will be used to update the MCQS to ensure that appropriate strategies are being utilized in order to achieve desired improvement. Updates to the MCQS will be influenced by the findings of the following annual activities:

1. the EQR Technical Report which summarizes the results of PMs, PIPs and other optional EQR activities,
2. participant input, which includes results of annual surveys of members' and providers' satisfaction with quality and accessibility of services, enrollee grievances and public forum,
3. public input, which is facilitated by the following groups:
 - a. MCO-maintained Quality and Member Access Committee (QMAC), comprised of members who represent the interests of the member population;
 - b. Medicaid Advisory Council; and
 - c. Medicaid Technical Advisory Committee(s).

Annual EQR Technical Report

Kentucky DMS contracted IPRO to conduct the EQR of the health plans participating in the Medicaid Program during 2012–2014 as set forth in 42 CFR §438.356(a)(1). After completing the EQR process, IPRO prepared this *2015 External Quality Review Technical Report for Kentucky Medicaid Managed Care*, in accordance with 42 CFR §438.364. The report describes the manner in which data from activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed and how conclusions were drawn as to the *quality, timeliness* and *access* of the care furnished to Kentucky's Medicaid recipients by the MCOs.

This report provides a description of the mandatory EQR activities conducted:

- monitoring of the compliance with standards,
- validation of PMs, and
- validation of PIPs.

This report presents the findings for all health plans participating in Kentucky's MMC program during calendar year 2014: Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky.

3. EXTERNAL QUALITY REVIEW ACTIVITIES

During the past year, IPRO conducted a compliance monitoring site visit, validation of PMs and validation of PIPs for Kentucky MCOs. Each activity was conducted in accordance with CMS protocols for determining compliance with MMC regulations. Details of how these activities were conducted are described in Appendices A–C, and address:

- objectives for conducting the activity;
- technical methods of data collection;
- descriptions of data obtained; and
- data aggregation and analysis.

Conclusions drawn from the data and recommendations related to access, timeliness and quality are presented in the **Executive Summary** of this report.

4. FINDINGS, STRENGTHS AND RECOMMENDATIONS RELATED TO HEALTH CARE QUALITY, TIMELINESS AND ACCESS

Introduction

This section of the report addresses the findings from the assessment of the Medicaid MCOs' strengths and areas for improvement related to quality, timeliness and access. The findings are detailed in each subpart of this section (i.e., Compliance Monitoring, Validation of PMs and Validation of PIPs).

This report includes results for each of the five health plans. The results for CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky include the MCOs' responses to the recommendations in the previous technical report. The results for are baseline results Anthem Blue Cross and Blue Shield Medicaid, and therefore, no responses are presented.

Compliance Monitoring

Review of Medicaid Managed Care Organization Compliance with Regulatory Requirements

This section of the report presents the final results of reviews by IPRO of the compliance of Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky with regulatory standards and contract requirements for calendar year 2014¹¹. The information is derived from the annual compliance reviews conducted by IPRO in March 2015.

A review, within the previous three-year period, to determine the MCOs' compliance with federal MMC regulations, state regulations and State contract requirements is a mandatory EQR activity as established in the Federal regulations at 42 CFR §438.358(b)(3).

Requirements contained within 42 CFR Subparts C: Enrollee Rights, D: Quality Assessment and Performance Improvement, F: Grievance System and H: Certifications and Program Integrity were reviewed.

For the compliance review process, one of two types of review is conducted for each plan:¹²

1. a "full review" consists of an evaluation under all available domains and file review types, or
2. a "partial review" evaluates only those domains for which the plan previously lacked full compliance.

In 2015, four MCOs (CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky) underwent a partial review, based on the findings of the previous review. Anthem Blue Cross and Blue Shield Medicaid received a full review, since 2014 was its first year participating in the Kentucky Medicaid program.

Table 2 displays the domains that were reviewed for each plan for the 2015 Annual Compliance Review.

¹¹ The 2015 Compliance Review assessed MCO performance for the time period of CY 2014.

¹² The Quality Assessment and Performance Improvement: Measurement and Improvement domain is reviewed annually for all MCOs, as required by CMS.

Table 2: Annual Compliance Review 2015 – Domains by Plan

Topic/Tool	Anthem BC&BS Medicaid	CoventryCares of Kentucky	Humana-CareSource	Passport Health Plan	WellCare of Kentucky
Behavioral Health Services	✓	✓	✓	✓	✓
Case Management/Care Coordination	✓	✓	✓	✓	✓
Enrollee Rights: Enrollee Rights and Protection	✓	✓	✓	N/A	✓
Enrollee Rights: Member Education and Outreach	✓	✓	✓	✓	✓
EPSDT	✓	✓	✓	✓	N/A
Grievance System	✓	✓	✓	✓	✓
Health Risk Assessment	✓	✓	✓	✓	✓
Medical Records	✓	✓	✓	✓	N/A
Pharmacy Benefit	✓	✓	✓	✓	✓
Program Integrity	✓	✓	✓	✓	✓
QAPI: Access	✓	✓	✓	✓	✓
QAPI: Access – Utilization Management	✓	✓	✓	✓	✓
QAPI: Measurement and Improvement	✓	✓	✓	✓	✓
QAPI: Measurement and Improvement – Health Information Systems	✓	N/A	N/A	N/A	N/A
QAPI: Structure and Operations – Credentialing	✓	✓	✓	✓	✓
QAPI: Structure and Operations – Delegated Services	✓	✓	N/A	N/A	✓

BC&BS: Blue Cross and Blue Shield; N/A: not applicable; this requirement was deemed for 2015 since it received Full compliance in the prior year. EPSDT: Early and Periodic Screening, Diagnostic, and Treatment; QAPI: Quality Assurance and Performance Improvement

A description of the content evaluated under each domain is as follows:

- Behavioral Health Services – The evaluation in this area included, but was not limited to, review of policies and procedures related to behavioral health services and coordination of physical and behavioral health services. In addition, file review was conducted to assess coordination of behavioral health and physical health services by the MCO case management program.
- Case Management/Care Coordination – The evaluation in this area included, but was not limited to, review of policies, procedures, and processes for case management and care coordination for clients of the Department of Community Based Services (DCBS) and the Department for Aging and Independent Living (DAIL); dissemination of information to members and providers; and monitoring, analysis, reporting and interventions. In addition, file review was conducted to assess service plans and care coordination for DCBS/DAIL clients and complex case management for those with chronic conditions and complex needs. It is important to note that for the 2015 review, DMS determined that the MCOs would not be held responsible for the contract requirements related to service plans since the service plans are the responsibility of the DCBS and DAIL. Therefore, all related elements in the file review and the review tool were scored not applicable (N/A) and were not counted in the overall compliance determination.
- Enrollee Rights: Enrollee Rights and Protection – The evaluation in this area included, but was not limited to, review of policies and procedures for member rights and responsibilities, PCP changes and member services functions.

- Enrollee Rights: Member Education and Outreach – The evaluation in this area included, but was not limited to, a review of the Member and Community Outreach Plan, member informational materials, and outreach activities.
- Early Periodic Screening, Diagnostic, and Treatment (EPSDT) – The evaluation in this area included, but was not limited to, a review of policies and procedures for: EPSDT services, identification of members requiring EPSDT special services, education/information program for health professionals, EPSDT provider requirements and coordination of services. The assessment also included a file review of UM decisions and appeals related to EPSDT services and review of the annual EPSDT reports.
- Grievance System – The evaluation of the Grievance System included, but was not limited to, review of policies and procedures for grievances and appeals, file review of member and provider grievances and appeals, review of MCO program reports on appeals and grievances and Quality Improvement (QI) committee minutes.
- Health Risk Assessment – The evaluation in this area included, but was not limited to, a review of initial health screenings and plan-initiated contact.
- Health Information Systems – The evaluation in this area included, but was not limited to, a review of policies and procedures for claims processing, claims payment and encounter data reporting, timeliness and accuracy of encounter data; timeliness of claims payments and methods for meeting Kentucky Health Information Exchange (KHIE) requirements.
- Medical Records – The evaluation in this area included, but was not limited to, a review of policies and procedures related to confidentiality, access to medical records, advance medical directives and medical records and documentation standards.
- Pharmacy Benefit – The evaluation in this area included, but was not limited to, a review of policies and procedures for pharmacy benefit requirements; structure of pharmacy program; pharmacy claims and rebate administrations; drug utilization review; and pharmacy lock-in program. In addition, this review included evaluation of the Preferred Drug List and authorization requirements.
- Program Integrity – The evaluation in this area included, but was not limited to, review of MCOs' policies and procedures, training programs, reporting and analysis; compliance with Annual Disclosure of Ownership (ADO) and financial interest provisions; and file review of program integrity cases.
- Quality Assessment and Performance Improvement (QAPI) – Access – The evaluation of this area included, but was not limited to review of policies and procedures for direct access services; provider access requirements; program capacity reporting; evidence of monitoring program capacity and provider compliance with hours of operation and availability.
- QAPI – Measurement and Improvement – The evaluation in this area included, but was not limited to, review of: QI Program Description, Annual QI Evaluation, QI Work Plan; QI Committee structure and function including meeting minutes; PIPs; PM reporting and clinical practice guidelines.
- QAPI – Structure and Operations: Credentialing – The evaluation in this area included, but was not limited to, review of the policies and procedures related to the credentialing and recredentialing of network providers and enrollment of out-of-network providers. Additionally, file review of credentialing and recredentialing for PCPs and specialists was conducted.
- QAPI – Structure and Operations: Delegated Services – The evaluation in this area included, but was not limited to, review of subcontractor contracts and subcontractor oversight, including subcontractor reporting requirements and conduct of pre-delegation evaluations and annual, formal evaluations.

- QAPI – Access: UM – The evaluation in this area included, but was not limited to, review of UM policies and procedures; UM committee minutes; and UM files.

The MCOs' responses to prior year recommendations are evaluated during the compliance review. IPRO evaluated the MCOs' progress related to the 2014 review recommendations, except for Anthem Blue Cross and Blue Shield Medicaid since it began operation in 2014, making the 2015 compliance review Anthem Blue Cross and Blue Shield Medicaid's first annual review. Anthem Blue Cross and Blue Shield Medicaid will be given the opportunity to respond to the 2015 compliance review findings and this will be included in the 2016 technical report.

In order to make an overall compliance determination for each of the domains, an average score is calculated. This is determined by assigning a point value to each element based on the designation assigned by the reviewer. Each element is scored as follows:

Full Compliance = 3 points;
 Substantial Compliance = 2 points;
 Minimal Compliance = 1 point;
 Non-compliance = 0 points; and
 Not Applicable = N/A.

The numerical score for each domain is then calculated by adding the points achieved for each element and dividing the total by the number of elements. The overall compliance determination is assigned as follows:

Full Compliance – point range of 3.0;
 Substantial Compliance – point range of 2.0–2.99;
 Minimal Compliance – point range of 1.0–1.99;
 Non-compliance – point range of 0–0.99; and
 Not Applicable – N/A.

It is important to note that, at the time of the (prior) 2014 compliance review, the MCOs were advised that failure to correct prior areas of non-compliance could have a negative impact on the findings. In 2014 and 2015, each tool contained the following notice: *“As part of the review IPRO assessed the MCO's implementation of any actions proposed by the MCO in response to last year's findings. It should be noted that deficiencies previously identified that continue to be deficient in the current review, may adversely affect the scoring of a requirement and result in possible sanctions by DMS.”* Additionally, the MCOs were advised of this verbally by DMS. For the 2015 compliance review, DMS directed that any elements that were found less than compliant in the year prior (2014) and the current review (2015) should be scored “Minimal Compliance” and any elements that were found less than compliant for the two prior years (2013 and 2014) and the current review (2015) should be scored “Non-compliant.”

Table 3 displays the numerical score and associated overall compliance determination for each domain reviewed for each of the MCOs.

Table 3: Overall Compliance Determination by Review Domain – 2015

Tool #/ Review Area ¹	Anthem BC&BS Medicaid		CoventryCares of Kentucky		Humana- CareSource		Passport Health Plan		WellCare of Kentucky	
	Point Average	Compliance Deter- mination	Point Average	Compliance Deter- mination	Point Average	Compliance Deter- mination	Point Average	Compliance Deter- mination	Point Average	Compliance Deter- mination
1. QI/MI	2.68	Substantial	2.37	Substantial	2.89	Substantial	2.88	Substantial	3.00	Full
2. Grievances	2.46	Substantial	1.40	Minimal	2.89	Substantial	2.50	Substantial	3.00	Full
3. HRA	1.57	Minimal	1.33	Minimal	2.00	Substantial	2.25	Substantial	2.00	Substantial
4. Credentialing/ Recredentialing	2.77	Substantial	3.00	Full	2.80	Substantial	2.67	Substantial	3.00	Full
5. Access	2.94	Substantial	2.00	Substantial	2.00	Substantial	3.00	Full	3.00	Full
5a. UM	2.82	Substantial	2.67	Substantial	2.89	Substantial	3.00	Full	3.00	Full
6. Program Integrity	2.75	Substantial	0.67	Non-compliance	2.00	Substantial	3.00	Full	3.00	Full
7. EPSDT	2.45	Substantial	3.00	Full	2.50	Substantial	1.50	Minimal	N/A	N/A
8. Delegation	2.91	Substantial	1.00	Minimal	N/A	N/A	N/A	N/A	3.00	Full
9. Health Information Systems	3.00	Full	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10. Care Management	2.10	Substantial	0.75	Non-compliance	2.67	Substantial	1.75	Minimal	3.00	Full
12a. Enrollee Rights	2.54	Substantial	2.96	Substantial	2.40	Substantial	N/A	N/A	3.00	Full
12b. Member Outreach	2.83	Substantial	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
13. Medical Records	2.30	Substantial	3.00	Full	3.00	Full	2.80	Substantial	N/A	N/A
15. Behavioral Health Services	2.30	Substantial	2.25	Substantial	2.50	Substantial	2.22	Substantial	2.00	Substantial
16. Pharmacy Services	2.79	Substantial	0.00	Non-compliance	2.75	Substantial	3.00	Full	2.00	Substantial

¹Detailed results for each review domain for all MCOs are available in the final Compliance Review Tools, available on the DMS Quality web page.

BC&BS: Blue Cross and Blue Shield; N/A: not applicable; the domain was deemed for the 2015 review since it received Full compliance the prior year. QI: quality improvement; MI: measurement and improvement; HRA: health risk assessment; UM: utilization management; EPSDT: Early and Periodic Screening, Diagnostic, and Treatment.

As described previously, each element in each domain received a compliance designation: Full Compliance, Substantial Compliance, Minimal Compliance, Non-compliance, or Not Applicable. The final findings are sent to the MCOs and also to DMS's Corrective Action Plan (CAP) and Letter of Concern (LOC) Committee. The Division of Program Quality and Outcomes, Managed Care Oversight Quality Branch and the Division of Policy and Operations, Managed Care Oversight Contract Management Branch work together to review the findings and determine which domains and elements require a LOC and/or a CAP request for the MCO. The CAP/LOC Committee issues the LOCs and CAP requests to the MCOs. In general, the MCOs must provide a CAP for all elements deemed Minimal Compliance or Non-compliance.

Table 4 displays the number of elements for each domain that required a corrective action plan by MCO.

Table 4: Elements Requiring Corrective Action by Review Area – 2015

Tool #/ Review Area ¹	Anthem BC&BS Medicaid		CoventryCares of Kentucky		Humana CareSource		Passport Health Plan		WellCare of Kentucky	
	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed
1. QI/MI	9	69	22	92	2	89	4	99	0	96
2. Grievances	8	48	7	15	0	19	2	10	0	6
3. HRA	4	7	2	3	0	2	0	4	0	2
4. Credentialing/ Recredentialing	6	84	0	6	0	10	0	9	0	7
5. Access	0	65	1	2	1	2	0	5	0	6
5a. UM	2	50	0	3	1	18	0	5	0	1
6. Program Integrity	12	113	7	9	1	3	0	2	0	2
7. EPSDT	4	20	0	1	0	2	2	4	N/A	N/A
8. Delegation	1	34	1	1	N/A	N/A	N/A	N/A	0	1
9. Health Information Systems	0	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10. Care Management	8	29	4	4	0	6	3	8	0	2
12a. Enrollee Rights	5	85	0	23	1	5	N/A	N/A	0	1
12b. Member Outreach	1	18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
13. Medical Records	11	40	0	2	0	1	0	5	N/A	N/A
15. Behavioral Health Services	8	50	1	4	0	8	1	9	2	5
16. Pharmacy Services	0	14	1	1	0	4	0	1	0	1
Total Elements (# and %)	79 10.70%	738 100.00%	46 27.71%	166 100.00%	6 3.55%	169 100.00%	12 7.45%	161 100.00%	2 1.54%	130 100.00%

¹The number (#) of elements reviewed for each domain and in total varies by MCO since the # of elements deemed and/or designated Not Applicable (N/A) varied.

BC&BS: Blue Cross and Blue Shield; N/A: not applicable; the domain was deemed for the 2015 review since it received Full Compliance the prior year. QI: quality improvement; MI: measurement and improvement; HRA: health risk assessment; UM: utilization management; EPSDT: Early and Periodic Screening, Diagnostic, and Treatment.

2015 Medicaid Compliance Review Findings for Calendar Year 2014: All MCOs

This section contains a summary of the current year findings. For each domain, findings across the five MCOs are described along with a description of the file review results.

Table 5: 2015 Medicaid Managed Care Compliance Review Findings by Domain – All MCOs

2015 Medicaid Managed Care Compliance Review Findings (Review Year 2014)	
Review Domain	Summary of Review Findings
Behavioral Health Services	<p>The Behavioral Health Services Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> All MCOs achieved Substantial Compliance with scores ranging from 2.00 to 2.50 of 3.0 total points. One MCO had no elements requiring a CAP. Among the other four (4) MCOs, the number of elements that required a CAP (rated Minimal or Non-compliant) ranged from one to eight (1 to 8). A file review was conducted to assess the MCOs' physical health and behavioral health care coordination for three (3) MCOs. Performance was good across all three (3) MCOs.
Case Management/ Care Coordination	<p>The Care Management/Care Coordination Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> One (1) MCO earned 3.0 of 3.0 total points (Full Compliance); two (2) MCOs achieved Substantial Compliance (2.10 and 2.67 of 3.0 total points); one (1) MCO scored Minimal Compliance (1.75 of 3.0 total points); and one (1) MCO was found Non-compliant, with a score of 0.75 of 3.0 total points. The number of elements requiring corrective action ranged from zero (0) for two (2) MCOs to eight (8) for one (1) other MCO. The remaining two (2) MCOs had three (3) and four (4) elements requiring corrective action. The Care Coordination File Review assessed overall coordination of care efforts, including assessment, care plan development, and facilitation and coordination of services. File review was conducted for two (2) MCOs and both were fully compliant with the requirements reviewed. The Complex Care Management File Review assessed overall coordination of care efforts for members with complex needs. File review was conducted for three (3) MCOs and all were fully compliant with the requirements reviewed. As indicated previously, the requirements related to service plans were designated not applicable as the service plan is under the domain of DCBS and DAIL. As noted in prior years, each of the MCOs faced challenges related to obtaining complete service plans and all demonstrated efforts to obtain service plans and to meet with DCBS regularly. The Case Management for DCBS/DAIL clients assessed assessment, care plan development, and facilitation and coordination of services for those members. File review was conducted for four (4) MCOs. Two (2) MCOs performed well on this review, while the other two (2) MCOs did not demonstrate evidence of coordination of care. The Claims/EPSTD File Review assessed the extent to which enrolled DCBS clients received EPSTD services and if not, whether outreach was conducted and the extent of coordination between physical and behavioral health, when applicable. File review was conducted for three (3) MCOs. One (1) MCO was fully compliant with the requirements reviewed, while the other two (2) MCOs did not demonstrate evidence provision of EPSTD services or the required outreach.
Enrollee Rights and Protections – Enrollee Rights	<p>The Enrollee Rights and Protections: Enrollee Rights Domain was reviewed for four of five (4 of 5) MCOs.</p> <ul style="list-style-type: none"> One (1) MCO achieved Full Compliance; the three (3) remaining MCOs achieved Substantial Compliance. Scores ranged from 2.40 to 3.0 of 3.0 total points. The number of elements requiring corrective action ranged from zero to five (0 to 5) across the four (4) MCOs. There was no file review conducted for this domain.

2015 Medicaid Managed Care Compliance Review Findings (Review Year 2014)	
Review Domain	Summary of Review Findings
Enrollee Rights and Protections - Member Outreach	<p>The Enrollee Rights and Protections: Member Outreach Domain was reviewed for only one of five (1 of 5) MCOs.</p> <ul style="list-style-type: none"> ▪ The MCO earned Substantial Compliance with a score of 2.83 of 3.0 total points. ▪ There was no file review conducted for this domain.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	<p>The EPSDT Domain was reviewed for four of five (4 of 5) MCOs.</p> <ul style="list-style-type: none"> ▪ One (1) MCO achieved Full Compliance; two (2) MCOs earned Substantial Compliance, and the remaining MCO scored Minimal Compliance. Scores ranged from 1.50 to 3.0 of 3.0 total points. ▪ The number of elements requiring corrective action ranged from zero to four (0 to 4). ▪ The EPSDT UM File Review assessed the extent to which the MCOs were compliant with standards for UM authorizations for prior authorization requests related to EPSDT services. File review was conducted for only one (1) MCO and the MCO was fully compliant. ▪ The EPSDT Appeals File Review assessed the extent to which the MCOs were compliant with standards for processing for appeals related to EPSDT. File review was conducted for two (2) MCOs. One MCO was compliant with all standards except the requirement to notify the member that if the State Fair Hearing upholds the denial, the member may be liable for the cost of continued benefits. The other MCO was found non-compliant with several requirements, including those related to expedited appeals, member appeal rights and notifications.
Grievance System	<p>The Grievance Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> ▪ One (1) MCO achieved Full Compliance; three (3) MCOs earned Substantial Compliance, and the fifth was found minimally compliant. Scores ranged from 1.40 to 3.0 of 3.0 total points. ▪ Two (2) MCOs had no elements requiring corrective action. The number of elements requiring corrective action ranged from zero (0) to eight (8) across the five (5) MCOs. ▪ The Member Grievance File Review assessed the extent to which the MCOs were compliant with the standards for member grievance processing. In addition, a sample of member appeals specifically related to quality was chosen for review. File review was conducted for three (3) MCOs. One (1) MCO was fully compliant with the requirements for member grievance processing. One (1) MCO demonstrated only minor deficiencies; while there were more extensive and systemic deficiencies in the third MCO's files. ▪ The Provider Grievance File Review assessed the extent to which the MCOs were compliant with the standards for provider grievance processing. File review was conducted for only one (1) MCO. The MCO was fully compliant with the requirements for provider grievance processing. ▪ The Member Appeals File Review assessed the extent to which the MCOs were compliant with the standard for member appeals processing. File review was conducted for two (2) MCOs. Both MCOs were fully compliant with the standards for member appeals except one – the requirement to notify the member that if the State Fair Hearing upholds the denial, the member may be liable for the cost of continued benefits. ▪ The Provider Appeals File Review assessed the extent to which the MCOs were compliant with the standard for provider appeals processing. File review was conducted for one (1) MCO and the MCO demonstrated full compliance with the requirements for provider appeal processing.
Health Information Systems	<p>The Health Information Systems Domain was reviewed for only one (1) MCO.</p> <ul style="list-style-type: none"> ▪ The MCO earned Full Compliance with a score of 3.0 of 3.0 total points. ▪ There was no file review conducted for this domain.

2015 Medicaid Managed Care Compliance Review Findings (Review Year 2014)	
Review Domain	Summary of Review Findings
Health Risk Assessment	<p>The Health Risk Assessment Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> Three (3) MCOs achieved Substantial Compliance, while two (2) earned Minimal Compliance. Scores ranged from 1.33 to 2.25 of 3.0 total points. Three (3) of the MCOs had no elements requiring corrective action, while the remaining two (2) MCOs had two and four (2 and 4) elements requiring corrective action. Note that the total number of elements applicable across the MCOs ranged from two to seven (2 to 7). The Health Risk Assessment (HRA) File Review assessed the extent to which the MCOs were compliant with the requirements for health risk assessment of newly enrolled members. File review was conducted for all five (5) MCOs. All MCOs faced challenges in obtaining health risk assessments. All MCOs provided documentation for most or all of the members in the sample. Timely outreach and required follow-up attempts were demonstrated by all but one (1) MCO. The number of completed HRAs ranged from zero to ten (0 to 10). HRA content requirements were generally met for four (4) of the MCOs. General issues identified were: lack of documentation of assistance with PCP linkage and/or referrals to case management for identified needs. Most MCOs were able describe current or planned improvement initiatives.
Medical Records	<p>The Medical Records Domain was reviewed for four (4) MCOs.</p> <ul style="list-style-type: none"> Two (2) MCOs achieved Full Compliance and two (2) earned Substantial Compliance. Scores ranged from 2.30 to 3.0 of 3.0 total points. Three (3) of the MCOs had no elements requiring corrective action, and the fourth had eleven (11) elements in need of corrective action. There was no file review conducted for this domain.
Pharmacy Benefits	<p>The Pharmacy Benefits Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> One (1) MCO achieved Full Compliance; three (3) MCOs earned Substantial Compliance; and the fifth MCO was found non-compliant. Scores ranged from 0 to 3.0 of 3.0 total points. The number of elements requiring corrective action ranged from zero to one (0 to 1) across the four (4) MCOs that did not score Full Compliance. There was no file review conducted for this domain.
Program Integrity	<p>The Program Integrity Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> Two (2) MCOs achieved Full Compliance; two (2) MCOs scored Substantial Compliance; and the fifth MCO was found non-compliant. Scores ranged from 0.67 to 3.0 of 3.0 total points. The number of elements requiring corrective action ranged from one to twelve (1 to 12) across the three (3) MCOs that did not score Full Compliance. The Program Integrity File Review assessed the extent to which the MCOs were compliant with the standards for identifying and investigating cases of potential fraud. File review was conducted for one (1) MCO. The MCO was compliant with all standards reviewed.
Quality Assessment and Performance Improvement (QAPI) – Access	<p>The QAPI – Access Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> Two (2) MCOs achieved Full Compliance and the remaining three (3) earned Substantial Compliance. Scores ranged from 2.0 to 3.0 of 3.0 total points. The number of elements requiring corrective action was zero (0) for three (3) of the MCOs and one (1) for the remaining two (2) MCOs.

2015 Medicaid Managed Care Compliance Review Findings (Review Year 2014)	
Review Domain	Summary of Review Findings
	<ul style="list-style-type: none"> There was no file review conducted for this domain.
QAPI – Structure and Operations: Credentialing	<p>The QAPI – Structure and Operations: Credentialing Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> Two (2) MCOs achieved Full Compliance and the rest scored Substantial Compliance. Scores ranged from 2.67 to 3.0 of 3.0 total points. The number of elements requiring corrective action was zero for four (4) of the MCOs and four (4) for the fifth MCO. The Credentialing File Review assessed extent to which the MCOs were compliant with the requirements for provider credentialing. File review was conducted for three (3) MCOs and all were fully compliant with all requirements for credentialing. The Recredentialing File Review assessed extent to which the MCOs were compliant with the requirements for provider recredentialing. File review was conducted for three (3) MCOs and all were fully compliant with all requirements for recredentialing.
QAPI – Structure and Operations: Delegated Services	<p>The QAPI – Structure and Operations: Delegated Services Domain was reviewed for three (3) MCOs.</p> <ul style="list-style-type: none"> One (1) MCO achieved Full Compliance, one (1) earned Substantial Compliance and the third MCO was found minimally compliant. Scores ranged from 1.0 to 3.0 of 3.0 total points. Two (2) of the MCOs each had one (1) element requiring corrective action. There was no file review conducted for this domain.
QAPI – Measurement and Improvement	<p>The QAPI – Measurement and Improvement Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> One (1) MCO achieved Full Compliance and four (4) MCOs earned Substantial Compliance. Scores ranged from 2.37 to 3.0 of 3.0 total points. The number of elements requiring corrective action ranged from two to twenty-two (2 to 22) across the three (3) MCOs that did not achieve Full Compliance. There was no file review conducted for this domain.
QAPI – Access: Utilization Management	<p>The QAPI – Access: Utilization Management (UM) Domain was reviewed for</p> <ul style="list-style-type: none"> Two (2) MCOs achieved Full Compliance and the remaining three (3) scored Substantial Compliance. Scores ranged from 2.67 to 3.0 of 3.0 total points. The number of elements requiring corrective action ranged from zero to two (0 to 2) across the three (3) MCOs that did not achieve Full Compliance. The Utilization Management File Review assessed the extent to which the MCOs were compliant with the requirements for UM denials. File review was conducted for two (2) MCOs. One (1) MCO was fully compliant with all requirements for UM denials. The other MCO was compliant with all standards except the requirement that the member be notified of the right to request a State Fair Hearing and how to do so.

Validation of Performance Measures

This section of the report summarizes the Medicaid MCOs' reporting of select PMs followed by results of the HEDIS® 2014 audit.

Kentucky DMS Requirements for Performance Measure Reporting

The 42 CFR §438.358(b)(2) establishes that one of the mandatory EQR activities for the MMC health plans is the validation of PMs reported (as required by DMS) during the preceding 12 months. These are defined in §438.240(b)(2) as any national PMs and levels that may be identified and developed by CMS in consultation with the states and other relevant stakeholders.

In 2014, DMS required plans to report a total of 33 measures in the HK measure set: 9 HEDIS® measures and 24 HK measures developed for the HK initiative. These PMs are listed in **Table 6** and **Table 7**. Additionally, the MCOs are required by contract to report HEDIS® measures data annually to NCQA and the state.

As required by DMS through the MCOs' contracts, all non-HEDIS® measures must be validated by an EQRO. Four MCOs reported PMs for reporting year 2014, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. Anthem Blue Cross and Blue Shield Medicaid began enrolling members in January 2014; therefore, was not required to report HK PMs for reporting year 2014. IPRO reviewed all data and documentation used to calculate the PMs to ensure the validity and reliability of the reported measures.

IPRO's Objectives for Validation of Performance Measures

IPRO conducted the mandatory validation of the Kentucky Medicaid MCOs 2014 HK measure rates and reviewed the HEDIS® 2014 data submitted by each of the MCOs. The MCOs' reported HEDIS® rates are presented with weighted statewide averages¹³ calculated by IPRO and are compared to national Medicaid benchmarks calculated using HEDIS® data from all Medicaid MCOs that reported to NCQA. For the HK measures, this report presents the results of the validation and presents the MCOs' rates along with an aggregate rate¹⁴ calculated by IPRO.

Healthy Kentuckians Performance Measures – Reporting Year 2014

As described above, health plans are required by DMS to calculate and report PMs based on the HK goals on an annual basis. These measures are based on Kentucky's goals and objectives in the areas of clinical preventive services and health services. IPRO, the EQRO, validates these measures to determine the extent to which the MCOs followed the specifications established by DMS in calculating the Kentucky Medicaid-specific PMs. The information presented summarizes the validation activities and findings for the HK PM rates for measurement year (MY) 2013 (RY 2014).

¹³ A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

¹⁴ The aggregate rates for the Healthy Kentuckians measures were calculated using the combined numerators and denominators reported by each MCO. These rates were not weighted since the eligible populations were not reported.

Table 6: Kentucky Medicaid Managed Care HEDIS® Performance Measures – RY 2014

HEDIS® Performance Measures
HEDIS® <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i> ¹ The percentage of members 2–17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (ob/gyn) and who had evidence of body mass index (BMI) percentile documentation, assessment/counseling for nutrition and assessment/counseling for physical activity during the measurement year.
HEDIS® <i>Adult BMI Assessment</i> The percentage of members 18–74 years of age who had an outpatient visit and who had their BMI documented during the measurement year or the year prior to the measurement year. ²
HEDIS® <i>Controlling High Blood Pressure</i> The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90) during the measurement year.
HEDIS® <i>Annual Dental Visit</i> The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.
HEDIS® <i>Lead Screening in Children</i> The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.
HEDIS® <i>Well-Child Visits in the First 15 Months of Life</i> The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.
HEDIS® <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.
HEDIS® <i>Adolescent Well-Care Visits</i> The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.
HEDIS® <i>Children’s and Adolescents’ Access to Primary Care Practitioners</i> The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate numerators: <ul style="list-style-type: none"> ▪ Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year. ▪ Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

¹See the related Kentucky-specific measure: Height and Weight Documented; Appropriate Weight for Height.

²See the related Kentucky-specific measures: Counseling for Nutrition and Physical Activity for Adults and Height and Weight Documented; Appropriate Weight for Height.

Table 7: Kentucky-Specific Medicaid Managed Care Performance Measures – RY 2014

Kentucky-Specific Performance Measures ¹
<p><i>Prenatal and Postpartum Risk Assessment and Education/Counseling</i></p> <p>The percentage of pregnant members who delivered between November 6th of the year prior to the measurement year and November 5th of the measurement year who had a prenatal/postpartum visit and received the following prenatal/postpartum services:</p> <ul style="list-style-type: none"> ▪ Tobacco use screening, positive screening for tobacco use, intervention for positive tobacco use screening; ▪ Alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use screening; ▪ Drug use screening, positive screening for drug use, intervention for positive drug use screening; ▪ Assessment and/or education/counseling for over-the-counter (OTC)/prescription medication use; ▪ Assessment and/or education/counseling for nutrition; ▪ Screening for depression; and ▪ Screening for domestic violence, each during the first two prenatal visits or the first two prenatal visits after enrollment in the MCO. ▪ Screening for postpartum depression during the postpartum visit. <p>(Note these are reported as fourteen separate numerators.)</p>
<p><i>Cholesterol Screening for Adults</i></p> <p>The percentage of male enrollees age > 35 years and female enrollees age > 45 years who had an outpatient office visit during the measurement year and appropriate low-density lipoprotein (LDL)-C/cholesterol screening documented during the measurement year or the four years prior.</p>
<p><i>Height and Weight Documented; Appropriate Weight for Height for Adults</i></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented and appropriate weight for height during the measurement year or the year prior to the measurement year.</p> <p>(Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><i>Counseling for Nutrition and Physical Activity for Adults</i></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition and physical activity.</p> <p>(Note these are reported as two separate numerators.)</p>
<p><i>Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents</i></p> <p>The percentage of members 2–17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (ob/gyn) and who had height and weight documented and appropriate weight for height.</p> <p>(Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><i>Adolescent Preventive Screening/Counseling</i></p> <p>The percentage of adolescents 12–17 years of age who had at least one well-care/preventive visit during the measurement year with a PCP or ob/gyn practitioner and received preventive screening/counseling for: tobacco use; alcohol/substance use; and sexual activity and screening/assessment for depression. (Note: these are reported as four separate numerators.)</p>
<p><i>Individuals with Special Health Care Needs' (ISHCNs) Access to Preventive Care</i></p> <p>The percentage of child and adolescent members, ages 12 months through 19 years, in the Supplemental Security Income (SSI) and Foster categories of aid or who received services from the Commission for Children with Special Health Care Needs, who received the specified services as defined in the HEDIS® specifications.</p> <p><u>Access to Care:</u></p> <ul style="list-style-type: none"> ▪ Children's and Adolescents' Access to Primary Care Practitioners <p><u>Preventive Care Visits:</u></p> <ul style="list-style-type: none"> ▪ Well-Child Visits in the First 15 Months of Life ▪ Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life ▪ Adolescent Well-Care Visits ▪ Annual Dental Visit (Ages 2–21)

¹Copies of the full specifications for each of the Kentucky-specific performance measures are available by request.

Table 8 shows the rates for each of the four (4) MCOs and an aggregate rate for reporting year 2014 for each of the Kentucky-specific PMs.¹⁵ The rates for the HEDIS® PMs (**Table 6**) are reported later in this section of the Technical Report in **Table 9** through **Table 12**. If a measure was determined “not reportable” an “NR” appears in the rate cell. If a measure was not reported because of a denominator of less than 30 or because the MCO had no eligible members, “N/A” appears in the cell. The aggregate rates were calculated by adding the MCOs’ denominators, adding the MCOs numerators, and then dividing the combined numerator by the combined denominator to obtain the aggregate rate. If one (1) or more MCOs had a small denominator for a measure, the data (numerator and denominator) were included in the aggregate rate. If one (1) or more MCOs were not able to report a rate due to lack of eligible members, the data for the remaining MCOs were combined.

It is important to note that the MCOs’ performance for the 2014 reporting year should not be compared, as the MCOs had varying market experience and service areas.

¹⁵ The complete results for all MCOs, including all performance measure denominators, numerators, and rates as well as validation results are available in the full report and its appendices, “Validation of Reporting Year 2014 Kentucky Medicaid Managed Care Performance Measures”, available on the DMS Quality web page.

Table 8: Healthy Kentuckians Performance Measure Rates and Measure Designations – RY 2014

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Aggregate Rate
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.	89.85%	55.79%	N/A	84.72%	76.99%
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	23.59%	26.56%	N/A	25.53%	25.02%
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.	43.05%	21.99%	N/A	27.78%	31.13%
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.	40.40%	15.51%	N/A	33.33%	29.92%
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age ≥ 35 years and female enrollees age ≥ 45 years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.	87.79%	77.56%	76.90%	80.86%	82.63%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	92.03%	62.29%	70.23%	78.49%	75.77%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	92.11%	57.04%	68.75%	82.35%	76.09%

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Aggregate Rate
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	92.05%	60.65%	69.83%	79.86%	75.87%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a <u>healthy weight for height</u> during the measurement year.	59.21%	17.84%	29.28%	21.62%	34.22%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a <u>healthy weight for height</u> during the measurement year.	48.57%	20.25%	32.56%	15.75%	30.56%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a <u>healthy weight for height</u> during the measurement year.	55.64%	18.56%	30.19%	19.48%	33.03%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening/counseling for tobacco</u> .	74.85%	30.37%	58.04%	54.90%	55.42%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening/counseling for alcohol/substances</u> .	59.51%	17.04%	47.32%	37.91%	41.03%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and had <u>screening/counseling for sexual activity</u> .	53.99%	14.07%	41.07%	24.18%	33.75%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening for depression</u> documented.	28.83%	11.85%	31.25%	21.57%	23.27%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	64.10%	26.48%	8.50%	40.96%	37.19%

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Aggregate Rate
				The percentage of pregnant members who had <u>positive screening for tobacco use.</u>	28.57%	54.26%	42.31%	36.31%	35.91%
				The percentage of pregnant members who had positive screening for tobacco use and received <u>intervention for tobacco use.</u>	60.53%	43.14%	36.36%	59.65%	54.36%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	64.10%	22.54%	4.58%	40.16%	35.19%
				The percentage of pregnant members who had <u>positive screening for alcohol use.</u>	4.14%	33.75%	0.00%	2.63%	8.20%
				The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use.</u>	36.36%	3.70%	N/A	25.00%	14.29%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	64.10%	21.97%	4.90%	36.97%	34.30%
				The percentage of pregnant members who had <u>positive screening for substance/drug use.</u>	5.64%	34.62%	0.00%	9.29%	11.02%
				The percentage of pregnant members who were found positive for substance/drug use and received <u>intervention for drug/substance use.</u>	40.00%	7.41%	N/A	53.85%	27.27%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	30.12%	10.99%	4.90%	17.82%	16.94%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	63.86%	12.11%	3.27%	30.59%	29.82%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	20.72%	9.30%	4.25%	20.48%	14.39%

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Aggregate Rate
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for depression during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	39.04%	11.27%	2.61%	27.93%	21.69%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for depression during a postpartum visit .	39.02%	40.81%	14.10%	44.16%	34.89%
Children with Special Health Care Needs (CSHCN): Access to Care and Preventive Care Services									
Preventive Care	Child CSHCN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	57.02%	55.33%	40.03%	55.60%	55.34%
				SSI Blind (B, BP, K)	60.00%	40.00%	N/A	58.50%	57.58%
				SSI Disabled (D, DP, M)	57.01%	55.37%	40.20%	55.60%	55.34%
				Foster (P,S, X)	76.71%	68.98%	44.33%	74.20%	72.68%
				CCSHCN (provider type 22 and 23)	64.86%	66.67%	43.11%	70.40%	67.84%
				Total ADV (2–21 years)	63.00%	63.48%	41.29%	61.81%	61.56%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the First 15 Months of Life (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life.					
				SSI Total(B, BP, D, DP, K, M)	37.37%	N/A	N/A	40.00%	38.55%
				SSI Blind (B, BP, K)	0.00%	N/A	N/A	100.00%	100.00%
				SSI Disabled (D, DP, M)	37.37%	N/A	N/A	39.20%	38.20%
				Foster (P, S, X)	68.75%	N/A	N/A	59.10%	62.64%
				CCSHCN (provider type 22 and 23)	0.00%	N/A	N/A	54.20%	54.24%
				Total WC15mo	49.69%	N/A	N/A	52.27%	51.38%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	73.18%	55.25%	53.85%	58.00%	62.63%
				SSI Blind (B, BP, K)	80.00%	0.00%	N/A	60.00%	70.00%
				SSI Disabled (D, DP, M)	73.13%	55.25%	53.33%	58.00%	62.57%
				Foster (P, S, X)	78.27%	67.51%	67.74%	67.60%	70.66%
				CCSHCN (provider type 22 and 23)	0.00%	82.61%	66.67%	67.50%	69.09%
				Total WC34	75.19%	65.88%	59.76%	62.77%	66.50%
Preventive Care	Child CSHCN	A	HEDIS® Adolescent	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.					

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Aggregate Rate
	Cohort		Well-Care	SSI Total(B, BP, D, DP, K, M)	52.16%	28.28%	32.55%	31.70%	37.33%
				SSI Blind (B, BP, K)	45.45%	33.33%	N/A	25.90%	31.71%
				SSI Disabled (D, DP, M)	52.19%	28.26%	32.72%	31.70%	37.37%
				Foster (P, S, X)	62.56%	48.76%	32.41%	52.70%	53.62%
				CCSHCN (provider type 22 and 23)	56.67%	43.75%	40.68%	41.70%	42.37%
				Total AWC	54.96%	38.81%	33.39%	36.97%	42.02%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months–19 years of age who had a visit with a primary care practitioner (PCP) .					
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had a visit with a primary care practitioner (PCP) during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	97.25%	89.74%	N/A	96.80%	95.96%
				SSI Blind (B, BP, K)	0.00%	0.00%	N/A	100.00%	100.00%
				SSI Disabled (D, DP, M)	97.25%	89.74%	N/A	96.70%	95.93%
				Foster (P, S, X)	98.82%	98.31%	N/A	95.70%	97.17%
				CCSHCN (provider type 22 and 23)	0.00%	100.00%	N/A	95.60%	96.00%
				Total CAP 12–24 months	97.94%	95.76%	93.33%	95.94%	96.25%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had a visit with a primary care practitioner (PCP) during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	92.58%	27.94%	79.59%	94.50%	87.74%
				SSI Blind (B, BP, K)	80.00%	0.00%	N/A	83.30%	81.82%
				SSI Disabled (D, DP, M)	92.66%	27.94%	79.38%	94.50%	87.76%
				Foster (P, S, X)	92.15%	91.54%	77.50%	90.50%	91.00%
				CCSHCN (provider type 22 and 23)	0.00%	100.00%	91.80%	94.30%	94.76%
				Total CAP 25 months–6 years	92.40%	76.78%	82.91%	93.36%	90.08%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.					
				SSI Total(B, BP, D, DP, K, M)	94.62%	51.14%	N/A	97.90%	93.34%
				SSI Blind (B, BP, K)	100.00%	50.00%	N/A	100.00%	87.50%
				SSI Disabled (D, DP, M)	94.60%	51.15%	N/A	97.90%	93.35%
				Foster (P, S, X)	96.05%	95.83%	N/A	94.40%	95.27%
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	N/A	98.60%	98.78%

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Aggregate Rate
				Total CAP 7–11 years	94.90%	84.42%	N/A	97.09%	94.27%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.					
				SSI Total(B, BP, D, DP, K, M)	92.38%	95.18%	N/A	95.50%	94.13%
				SSI Blind (B, BP, K)	100.00%	96.02%	N/A	100.00%	96.48%
				SSI Disabled (D, DP, M)	92.35%	94.79%	N/A	95.50%	94.04%
				Foster (P, S, X)	94.06%	94.39%	N/A	94.00%	94.15%
				CCSHCN (provider type 22 and 23)	96.43%	100.00%	N/A	97.60%	97.75%
				Total CAP 12–19 years	92.68%	94.85%	N/A	95.29%	94.30%

N/A: not applicable; NR: not reportable; A: administrative measure; H: hybrid measure; RY: reporting year; ob/gyn: obstetrician/gynecologist; OTC: over-the-counter; BMI: body mass index; SSI: Supplemental Security Income; HEDIS®: Healthcare Effectiveness Data and Information Set.

For the development of the RY 2015 PMs, each of the measures was reviewed, incorporating MCO experiences and lessons learned from calculating the measures, the results of the PM validation activities, and DMS priorities.

Refinement of Current Measures for RY 2015

- Clarifying specifications based on medical record review validation findings and MCO input
- Updating all measures that are/are based on HEDIS® measures to reflect changes in HEDIS® specifications
- Evaluating all measures and refining or retiring them where necessary/desired

Development of New Measures for RY 2015

- Added a measure based on the CMS-416 EPSDT indicators for dental service(s).
- Considered adding measures from the Adult and/or Child Children's Health Insurance Program Reauthorization Act (CHIPRA) core for future reporting.

CoventryCares of Kentucky – RY 2013 and 2014 Performance Measure Rates

Performance Trends RY 2013 to RY 2014

CoventryCares of Kentucky performance for RYs 2013 and 2014 is presented in **Table 9**, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding CoventryCares of Kentucky's performance include:

- Performance improved for both documentation of adult height and weight and healthy weight for height (2.99 and 0.14 percentage points, respectively). The rates, however, remain low at near 56% for documentation of height and weight and near 27% for healthy weight. Recall that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- The rates for the related measure, counseling for nutrition for adults, improved 4.47 percentage points but remained quite low at almost 22%. The rate for adults counseling for physical activity for adults increased slightly to 15.51%.
- For children and adolescents 3–17 years of age, documentation of height and weight declined almost 7 percentage points, from 67.59% to 60.56%, while those with a healthy weight for height, while still quite low, improved over 6 percentage points to 18.56%.
- The rate for cholesterol screening for adults was very good, at 77.56%, up from 73.89% in RY 2013.
- Related to adolescent screening and counseling, the three (3) rates that were reportable in both RY 2013 and RY 2104 declined; for tobacco from 36.36% to 30.37%; for alcohol/substances from 28.57% to 17.04%; and for sexual activity from 18.83% to 14.07%. Screening for depression was not reportable in RY 2013; as a result no comparison can be made. The RY 2014 rate is 11.85%.
- For screening and counseling during the perinatal period, screening for postpartum depression was most often found (40.81%) and improved from a rate of 0 in RY 2013. Rates for the other numerators in RY 2014 ranged from 26.48% (tobacco screening) to a low of 9.30% (screening for domestic violence).
- Other observations regarding CoventryCares of Kentucky's performance in this area:
 - Rates for screenings for tobacco use (26.48%), alcohol use (22.54%) and substance use (21.97%) each improved, as did assessment/counseling for nutrition (10.99%). The increases ranged from 0.2 to 1.78 percentage points.
 - Comparisons could not be made for positive screenings and interventions for tobacco, alcohol and substances since these rates were found not reportable in RY 2013.
 - Rates for assessment/counseling for OTC/prescription medication (12.11%) and screenings for domestic violence (9.30%) and prenatal depression (11.27%) remained low and all declined (0.3–2.91 percentage points) between RY 2013 and RY 2014.

- Regarding access to care for CSHCN, performance ranged from a high of 95.76% (for *Children's Access to PCPs* [CAP], *ages 12 – 24 months*) to 38.81% (*Adolescent Well-Care Visits* [AWC]). However, both these rates declined by just over 2 percentage points from RY 2013.
- Other observations for this set of measures include:
 - *Well-Child Visits in the First 15 Months of Life* could not be reported in both RY 2013 and RY 2014 due to lack of eligible members.
 - Performance could not be trended for the following since the rates were N/A in RY 2013: CAP, ages 7–11 years (84.42%) and CAP, 12 – 19 years (94.85%).
 - Rates for the following two (2) measures improved from RY 2013 to RY 2014: Annual Dental Visits (60.76% to 63.48%); *Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life* (63.18% to 65.88%).
 - Rates for the following three (3) measures declined between RY 2013 to RY 2014: AWC (41.17% to 38.81%); CAP, ages 12 – 24 months (98.26% to 95.76%) and CAP, ages 25 months to 6 years dropped substantially (18.67 percentage points), from 95.45% to 76.78%.

Table 9: CoventryCares of Kentucky – RY 2013 and 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.	52.80%	55.79%	2.99
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	26.42%	26.56%	0.14
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.	17.52%	21.99%	4.47
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.	15.19%	15.51%	0.32
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age ≥ 35 years and female enrollees age ≥ 45 years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.	73.89%	77.56%	3.67
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	67.15%	62.29%	-4.86
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	68.39%	57.04%	-11.35
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	67.59%	60.65%	-6.94
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a <u>healthy weight for height</u> during the measurement year.	10.70%	17.84%	7.14
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a <u>healthy weight for height</u> during the measurement year.	15.09%	20.25%	5.16

Performance Measure Domain	Age Group	Admin/Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	12.29%	18.56%	6.27
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had screening/counseling for tobacco .	36.36%	30.37%	-5.99
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had screening/counseling for alcohol/substances .	28.57%	17.04%	-11.53
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and had screening/counseling for sexual activity .	18.83%	14.07%	-4.76
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had screening for depression documented.	NR	11.85%	N/A
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of screening for tobacco use during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	25.06%	26.48%	1.42
				The percentage of pregnant members who had a screening for tobacco use and were found positive for tobacco use .	NR	54.26%	N/A
				The percentage of pregnant members who were found positive for tobacco use and received intervention for tobacco use .	NR	43.14%	N/A
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of screening for alcohol use during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	20.76%	22.54%	1.78
				The percentage of pregnant members who had a screening for alcohol use and were found positive for alcohol use .	NR	33.75%	N/A
				The percentage of pregnant members who were found positive for alcohol use and received intervention for alcohol use .	NR	3.70%	N/A
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of screening for substance/drug use during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	21.77%	21.97%	0.20
				The percentage of pregnant members who had a screening for substance/drug use and were found positive for substance/drug use .	NR	34.62%	N/A

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
				The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use</u> .	NR	7.41%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	9.87%	10.99%	1.12
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	12.41%	12.11%	-0.30
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	10.13%	9.30%	-0.83
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	14.18%	11.27%	-2.91
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit</u> .	0.00%	40.81%	40.81
Children with Special Health Care Needs (CSHCN): Access to Care and Preventive Care Services							
Preventive Care	Child CSHCN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	54.32%	55.33%	1.01
				SSI Blind (B, BP, K)	66.67%	40.00%	-26.67
				SSI Disabled (D, DP, M)	54.25%	55.37%	1.12
				Foster (P,S, X)	73.10%	68.98%	-4.12
				CCSHCN (provider type 22 and 23)	67.27%	66.67%	-0.60
				Total ADV 2–21 years)	60.76%	63.48%	2.72
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the First 15 Months of Life (6+ visits)	The percentage of members who turned 15 months old during the measurement year and who 6 or more well-child visits with a PCP during their first 15 months of life.			
				SSI Total(B, BP, D, DP, K, M)	N/A	N/A	N/A
				SSI Blind (B, BP, K)	N/A	N/A	N/A
				SSI Disabled (D, DP, M)	N/A	N/A	N/A
				Foster (P,S, X)	N/A	N/A	N/A
				CCSHCN (provider type 22 and 23)	N/A	N/A	N/A
				Total WC15mo	N/A	N/A	N/A

Performance Measure Domain	Age Group	Admin/Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	57.01%	55.25%	-1.76
				SSI Blind (B, BP, K)	N/A	0.00%	N/A
				SSI Disabled (D, DP, M)	57.10%	55.25%	-1.85
				Foster (P,S, X)	69.69%	67.51%	-2.18
				CCSHCN (provider type 22 and 23)	75.00%	82.61%	7.61
				Total WC34	63.18%	65.88%	2.70
Preventive Care	Child CSHCN Cohort	A	HEDIS® Adolescent Well-Care Visits	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	35.46%	28.28%	-7.18
				SSI Blind (B, BP, K)	N/A	33.33%	N/A
				SSI Disabled (D, DP, M)	35.45%	28.26%	-7.19
				Foster (P,S, X)	54.20%	48.76%	-5.44
				CCSHCN (provider type 22 and 23)	44.36%	43.75%	-0.61
				Total AWC	41.17%	38.81%	-2.36
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months–19 years of age who had a visit with a primary care practitioner (PCP) .			
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had a visit with a primary care practitioner (PCP) during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	96.67%	89.74%	-6.93%
				SSI Blind (B, BP, K)	N/A	0.00%	N/A
				SSI Disabled (D, DP, M)	96.63%	89.74%	-6.89%
				Foster (P,S, X)	99.13%	98.31%	-0.82%
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	0.00%
				Total CAP 12–24 months	98.26%	95.76%	-2.50%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had a visit with a primary care practitioner (PCP) during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	95.60%	27.94%	-67.66%
				SSI Blind (B, BP, K)	N/A	0.00%	N/A
				SSI Disabled (D, DP, M)	95.58%	27.94%	-67.64%
				Foster (P,S, X)	94.28%	91.54%	-2.74%
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	0.00%
				Total CAP 25 months–6 years	95.45%	76.78%	-18.67%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	N/A	51.14%	N/A

Performance Measure Domain	Age Group	Admin/Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
				SSI Blind (B, BP, K)	N/A	50.00%	N/A
				SSI Disabled (D, DP, M)	N/A	51.15%	N/A
				Foster (P,S, X)	N/A	95.83%	N/A
				CCSHCN (provider type 22 and 23)	N/A	100.00%	N/A
				Total CAP 7–11 years	N/A	84.42%	N/A
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	N/A	95.18%	N/A
				SSI Blind (B, BP, K)	N/A	96.02%	N/A
				SSI Disabled (D, DP, M)	N/A	94.79%	N/A
				Foster (P,S, X)	N/A	94.39%	N/A
				CCSHCN (provider type 22 and 23)	N/A	100.00%	N/A
				Total CAP 12–19 years	N/A	94.85%	N/A

N/A: not applicable; NR: not reportable; A: administrative measure; H: hybrid measure; RY: reporting year; ob/gyn: obstetrician/gynecologist; OTC: over-the-counter; BMI: body mass index; SSI: Supplemental Security Income; HEDIS®: Healthcare Effectiveness Data and Information Set.

Humana-CareSource – RY 2014 Performance Measure Rates

Humana-CareSource’s performance for RY 2014 is presented in **Table 10**. Since this was the first year that Humana-CareSource reported the PMs, no discussion of rate trends is possible.

Table 10: Humana-CareSource – RY 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented during the measurement year or the year prior to the measurement year.	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a healthy weight for height documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition documented during the measurement year or the year prior to the measurement year.	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for physical activity documented during the measurement year or the year prior to the measurement year.	N/A
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age ≥ 35 years and female enrollees age ≥ 45 years who had an outpatient visit and had LDL-C/cholesterol screening in the measurement year or during the four years prior.	76.90%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	70.23%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	68.75%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	69.83%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	29.28%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	32.56%

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	30.19%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had screening/counseling for tobacco .	58.04%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had screening/counseling for alcohol/substances .	47.32%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and had screening/counseling for sexual activity .	41.07%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had screening for depression documented.	31.25%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for tobacco use during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	8.50%
				The percentage of pregnant members who had positive screening for tobacco use .	42.31%
				The percentage of pregnant members who had positive screening for tobacco use and received intervention for tobacco use .	36.36%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for alcohol use during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.58%
				The percentage of pregnant members who had positive screening for alcohol use .	0.00%
				The percentage of pregnant members who were found positive for alcohol use and received intervention for alcohol use .	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for substance/drug use during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.90%
				The percentage of pregnant members who had positive screening for substance/drug use .	0.00%
				The percentage of pregnant members who were found positive for substance/drug use and were provided intervention for drug/substance use .	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of assessment of and/or education/ counseling for nutrition during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.90%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of assessment of and/or education/ counseling for OTC/ prescription medication during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	3.27%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for domestic violence during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.25%

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for depression during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	2.61%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for depression during a postpartum visit .	14.10%
Children with Special Health Care Needs (CSHCN): Access to Care and Preventive Care Services					
Preventive Care	Child CSHCN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	
				SSI Total(B, BP, D, DP, K, M)	40.03%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	40.20%
				Foster (P,S, X)	44.33%
				CCSHCN (provider type 22 and 23)	43.11%
				Total ADV 2–21 years)	41.29%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the First 15 Months of Life (6 or More Visits)	The percentage of members who turned 15 months old during the measurement year and who had at least 6 well-child visits with a PCP during their first 15 months of life.	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total WC15mo	N/A
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	
				SSI Total(B, BP, D, DP, K, M)	53.85%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	53.33%
				Foster (P,S, X)	67.74%
				CCSHCN (provider type 22 and 23)	66.67%
				Total WC34	59.76%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Adolescent Well-Care Visits	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.	
				SSI Total(B, BP, D, DP, K, M)	32.55%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	32.72%
				Foster (P,S, X)	32.41%
				CCSHCN (provider type 22 and 23)	40.68%
				Total AWC	33.39%

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months–19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> .	
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total CAP 12–24 months	93.33%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.	
				SSI Total(B, BP, D, DP, K, M)	79.59%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	79.38%
				Foster (P,S, X)	77.50%
				CCSHCN (provider type 22 and 23)	91.80%
				Total CAP 25 months–6 years	82.91%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total CAP 7 -11 years	N/A
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total CAP 12 -19 years	N/A

N/A: not applicable; NR: not reportable; A: administrative measure; H: hybrid measure; RY: reporting year; ob/gyn: obstetrician/gynecologist; OTC: over-the-counter; BMI: body mass index; SSI: Supplemental Security Income; HEDIS®: Healthcare Effectiveness Data and Information Set.

Passport Health Plan – RY 2013 and 2014 Performance Measure Rates

Performance Trends RY 2013 to RY 2014

Passport Health Plan's performance for RYs 2013 and 2014 is presented in **Table 11**, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding Passport Health Plan's performance include:

- Performance improved for all numerators of the adult healthy weight for height measure. Increases ranged from a low of 0.96 percentage points for healthy weight for height to a high of almost 6 percentage points for documentation of height and weight.
- While the rate for documentation of height and weight is strong at 89.85%, the rates for the other three (3) numerators are quite low – healthy weight for height (23.59%), documentation of counseling for nutrition (43.05%) and for physical activity (40.40%). It is important to note that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- For children and adolescents 3 – 17 years of age, documentation of height and weight rose slightly more than 3 percentage points, to 92.05%, while those with a healthy weight for height remained stable at 55.64%.
- The rate for cholesterol screening for adults was very good, at 87.79%, up from 84.23% in RY 2013.
- Related to adolescent screening and counseling, all two of three (2 of 3) rates that were reportable in both RY 2013 and RY 2104 declined; for alcohol/substances from 63.70% to 59.51% and for sexual activity from 55.48% to 53.99%. Screening for tobacco use improved from 71.92% to 74.85%, an increase of almost 3 percentage points. Screening for depression was not reportable in RY 2013; as a result no comparison can be made. The RY 2014 rate is 28.83%.
- Rates declined substantially for measures of screening and counseling during the perinatal period, by approximately 20 to 30 percentage points.
- Screening for tobacco use, alcohol use and substance use were most often found (all three rates 64.10%) while screening for domestic violence was infrequently noted (20.72%). Rates for the other numerators in RY 2014 ranged from 63.86% (assessment/counseling for OTC/prescription medication) to a low of approximately 40% (screening for depression both prenatally and postpartum).
- Positive screening for tobacco use was most common (28.57%) while positive alcohol and substance use were seen less frequently (4.14% and 5.64%, respectively). Intervention for positive findings occurred more often for tobacco use (60.53%) than for alcohol (36.36%) or substance use (40%).
- As noted prior, depression screening rates were quite low, prenatally (39.04%) and postpartum (39.02%).
- Regarding access to care for CSHCN, performance ranged from a high of 97.94% (*Children's Access to PCPs [CAP], ages 12 – 24 months*) to 49.69% (*Well-Child Visits in the First 15 Months of Life [WC15]*). Rates for all measures in the CSHCN domain improved from RY 2013 to RY 2014. Improvements ranged from 1.42 to 6.24 percentage points.
- Rates for the CAP set of measures were very strong, all above 90%. While the highest rate of well-child visits was seen for the ages 3 – 6 years group, at 75.19%.

Table 11: Passport Health Plan – RY 2013 and 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented during the measurement year or the year prior to the measurement year.	83.89%	89.85%	5.96
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a healthy weight for height documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	22.63%	23.59%	0.96
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition documented during the measurement year or the year prior to the measurement year.	38.85%	43.05%	4.20
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for physical activity documented during the measurement year or the year prior to the measurement year.	30.68%	40.40%	9.72
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age ≥ 35 years and female enrollees age ≥ 45 years who had an outpatient visit and had LDL-C/cholesterol screening in the measurement year or during the four years prior.	84.23%	87.79%	3.56
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	87.95%	92.03%	4.08
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	91.10%	92.11%	1.01
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	88.96%	92.05%	3.09
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	59.63%	59.21%	-0.42
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	48.12%	48.57%	0.45
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	55.83%	55.64%	-0.19

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening/counseling for tobacco.</u>	71.92%	74.85%	2.93
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening/counseling for alcohol/substances.</u>	63.70%	59.51%	-4.19
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and had <u>screening/counseling for sexual activity.</u>	55.48%	53.99%	-1.49
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening for depression</u> documented.	NR	28.83%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	87.76%	64.10%	-23.66
				The percentage of pregnant members who had <u>positive screening for tobacco use.</u>	31.75%	28.57%	-3.18
				The percentage of pregnant members who had positive screening for tobacco use and received <u>intervention for tobacco use.</u>	65.42%	60.53%	-4.89
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	86.46%	64.10%	-22.36
				The percentage of pregnant members who had <u>positive screening for alcohol use.</u>	3.92%	4.14%	0.22
				The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use.</u>	N/A	36.36%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	85.94%	64.10%	-21.84
				The percentage of pregnant members who had <u>positive screening for substance/drug use.</u>	5.76%	5.64%	-0.12
				The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use.</u>	N/A	40.00%	N/A

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of assessment of and/or counseling for nutrition during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	50.00%	30.12%	-19.88
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of assessment of and/or counseling for OTC/prescription medication during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	84.11%	63.86%	-20.25
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for domestic violence during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	45.05%	20.72%	-24.33
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members year who had evidence of screening for depression during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	70.83%	39.04%	-31.79
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for depression during a postpartum visit .	58.39%	39.02%	-19.37
Children with Special Health Care Needs (CSHCN): Access to Care and Preventive Care Services							
Preventive Care	Child CSHCN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	52.94%	57.02%	4.08
				SSI Blind (B, BP, K)	52.94%	60.00%	7.06
				SSI Disabled (D, DP, M)	52.94%	57.01%	4.07
				Foster (P,S, X)	67.60%	76.71%	9.11
				CCSHCN (provider type 22 and 23)	71.43%	64.86%	-6.57
				Total ADV 2–21 years)	56.76%	63.00%	6.24
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the First 15 Months of Life (6+ visits)	The percentage of members who turned 15 months old during the measurement year and who had at least 6 well-child visits with a PCP during their first 15 months of life.			
				SSI Total(B, BP, D, DP, K, M)	35.47%	37.37%	1.90
				SSI Blind (B, BP, K)	100.00%	0.00%	-100.00
				SSI Disabled (D, DP, M)	34.32%	37.37%	3.05
				Foster (P,S, X)	61.47%	68.75%	7.28
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
				Total WC15mo	45.55%	49.69%	4.14

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	70.42%	73.18%	2.76
				SSI Blind (B, BP, K)	100.00%	80.00%	-20.00
				SSI Disabled (D, DP, M)	70.35%	73.13%	2.78
				Foster (P,S, X)	77.08%	78.27%	1.19
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
				Total WC34	72.61%	75.19%	2.58
Preventive Care	Child CSHCN Cohort	A	HEDIS® Adolescent Well Care Visits	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an ob/gyn</u> practitioner during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	48.86%	52.16%	3.30
				SSI Blind (B, BP, K)	42.86%	45.45%	2.59
				SSI Disabled (D, DP, M)	48.88%	52.19%	3.31
				Foster (P,S, X)	59.34%	62.56%	3.22
				CCSHCN (provider type 22 and 23)	59.65%	56.67%	-2.98
				Total AWC	51.38%	54.96%	3.58
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months–19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> .			
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	93.49%	97.25%	3.76
				SSI Blind (B, BP, K)	100.00%	0.00%	-100.00
				SSI Disabled (D, DP, M)	93.37%	97.25%	3.88
				Foster (P,S, X)	100.00%	98.82%	-1.18
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
				Total CAP 12–24 months	96.19%	97.94%	1.75
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	90.95%	92.58%	1.63
				SSI Blind (B, BP, K)	100.00%	80.00%	-20.00
				SSI Disabled (D, DP, M)	90.92%	92.66%	1.74

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
				Foster (P,S, X)	91.03%	92.15%	1.12
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
				Total CAP 25 months–6 years	90.98%	92.40%	1.42
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	90.97%	94.62%	3.65
				SSI Blind (B, BP, K)	100.00%	100.00%	0.00
				SSI Disabled (D, DP, M)	90.95%	94.60%	3.65
				Foster (P,S, X)	89.06%	96.05%	6.99
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	0.00
				Total CAP 7 -11 years	90.56%	94.90%	4.34
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	88.76%	92.38%	3.62
				SSI Blind (B, BP, K)	83.33%	100.00%	16.67
				SSI Disabled (D, DP, M)	88.78%	92.35%	3.57
				Foster (P,S, X)	86.58%	94.06%	7.48
				CCSHCN (provider type 22 and 23)	94.44%	96.43%	1.99
				Total CAP 12 -19 years	88.33%	92.68%	4.35

N/A: not applicable; NR: not reportable; A: administrative measure; H: hybrid measure; RY: reporting year; ob/gyn: obstetrician/gynecologist; OTC: over-the-counter; BMI: body mass index; SSI: Supplemental Security Income; HEDIS®: Healthcare Effectiveness Data and Information Set.

WellCare of Kentucky – RY 2013 and 2014 Performance Measure Rates

Performance Trends RY 2013 to RY 2014

WellCare of Kentucky's performance for RYs 2013 and 2014 is presented in **Table 12**, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding WellCare of Kentucky's performance include:

- Performance could not be trended for the adult healthy weight for height numerators as WellCare of Kentucky did not have a sufficient sample to report this measure in RY 2013.
- While the RY 2014 rate for documentation of height and weight was strong at 84.72%, the rates for the other three (3) numerators were lower - healthy weight for height (25.53%), documentation of counseling for nutrition (27.78%) and for physical activity (33.33%). It is important to note that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- For children and adolescents 3–17 years of age, documentation of height and weight rose over 10 percentage points, to 79.86%, while those with a healthy weight for height increased over 6 percentage points to 19.48%.
- The rate for cholesterol screening for adults was very good, at 80.86%, up from 72.94% in RY 2013, an increase of almost 8 percentage points.
- Related to adolescent screening and counseling, each of the four rates improved, from almost 4 percentage points for tobacco use screening/counseling to just over 7 percentage points for alcohol/substance screening/counseling. Screening/counseling for tobacco use was seen most often, at 54.90%, followed by screening/counseling for alcohol/substances (37.91%), for sexual activity (24.18%), and lastly, screening for depression (21.57%).
- Rates for measures of screening and counseling during the perinatal period generally improved, from nearly 5 percentage points (screening for domestic violence) to over 12 percentage points (assessment/counseling for OTC/prescription medications).
- Screening for tobacco use was most often found (40.96%) while assessment/counseling for nutrition was infrequently noted (17.82%). Rates for the other numerators in RY 2014 ranged from 40.16% (screening for alcohol use) to a low of 20.48% (screening for domestic violence).
- Depression screening rates were 27.93% (prenatally) and 44.16% (postpartum). Prenatal screening increased slightly more than 7 percentage points, while postpartum screening dropped by 2.56 percentage points.
- Positive screening for tobacco use was most common (36.31%), while positive substance and alcohol use were seen less frequently (9.29% and 2.63%, respectively). Intervention for positive findings occurred more often for tobacco use (59.65%) and substance use (53.85%) than for alcohol use (25%).
- Regarding access to care for CSHCN, performance ranged from a high of 97.09% (Children's Access to PCPs [CAP], ages 7–11 years) to 36.97% Adolescent Well-Care Visits [AWC]).
- Rates for the CAP set of measures were very strong, all above 90%. While the highest rate of well-child visits was seen for the 3–6-year age group, at 62.77%.
- Rates for the majority of measures in the CSHCN domain declined slightly from RY 2013 to RY 2014 (between 0.51 to 1.77 percentage points); however, the rate for *Well-Child Visits in the First 15 Months of Life* (WC15) improved substantially (+35.60 percentage points). Performance could not be trended for CAP, ages 7–11 and 12–19 years, since WellCare of Kentucky did not report these rates in RY 2013 due to lack of an eligible population.

Table 12: WellCare of Kentucky – RY 2013 and 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented during the measurement year or the year prior to the measurement year.	N/A	84.72%	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a healthy weight for height documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	N/A	25.53%	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition documented during the measurement year or the year prior to the measurement year.	N/A	27.78%	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for physical activity documented during the measurement year or the year prior to the measurement year.	N/A	33.33%	N/A
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age ≥ 35 years and female enrollees age ≥ 45 years who had an outpatient visit and had LDL-C/cholesterol screening in the measurement year or during the four years prior.	72.94%	80.86%	7.92
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	68.42%	78.49%	10.07
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	72.11%	82.35%	10.24
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of both a height and weight on the same date of service during the measurement year.	69.68%	79.86%	10.18
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	10.71%	21.62%	10.91
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	17.76%	15.75%	-2.01
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of a healthy weight for height during the measurement year.	13.20%	19.48%	6.28

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening/counseling for tobacco</u> .	51.02%	54.90%	3.88
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening/counseling for alcohol/substances</u> .	30.61%	37.91%	7.30
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and had <u>screening/counseling for sexual activity</u> .	18.37%	24.18%	5.81
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or ob/gyn and who had <u>screening for depression</u> documented.	15.65%	21.57%	5.92
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	32.81%	40.96%	8.15
				The percentage of pregnant members who had a screening for tobacco use who were found <u>positive for tobacco use</u> .	43.65%	36.31%	-7.34
				The percentage of pregnant members who were found positive for tobacco use and received <u>intervention for tobacco use</u> .	56.36%	59.65%	3.29
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	29.43%	40.16%	10.73
				The percentage of pregnant members who had a screening for alcohol use and who were found <u>positive for alcohol use</u> .	4.42%	2.63%	-1.79
				The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use</u> .	N/A	25.00%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	29.17%	36.97%	7.80
				The percentage of pregnant members who had <u>positive screening for substance/drug use</u> .	8.93%	9.29%	0.36
				The percentage of pregnant members who were found positive for substance/drug use and received <u>intervention for drug/substance use</u> .	N/A	53.85%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	11.72%	17.82%	6.10

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of assessment of and/or counseling for OTC/ prescription medication during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	18.23%	30.59%	12.36
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for domestic violence during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	15.63%	20.48%	4.85
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of screening for depression during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	20.83%	27.93%	7.10
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year who had evidence of screening for depression during a postpartum visit .	46.72%	44.16%	-2.56
Children with Special Health Care Needs (CSHCN): Access to Care and Preventive Care Services							
Preventive Care	Child CSHCN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	52.72%	55.60%	2.88
				SSI Blind (B, BP, K)	58.33%	58.50%	0.17
				SSI Disabled (D, DP, M)	52.70%	55.60%	2.90
				Foster (P,S, X)	70.85%	74.20%	3.35
				CCHCN (provider type 22 and 23)	65.96%	70.40%	4.44
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the First 15 months of Life (6 or More Visits)	Total ADV 2–21 years)	58.48%	61.81%	3.33
				The percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life.			
				SSI Total(B, BP, D, DP, K, M)	0.09%	40.00%	39.91
				SSI Blind (B, BP, K)	0.00%	100.00%	100.00
				SSI Disabled (D, DP, M)	0.09%	39.20%	39.11
				Foster (P,S, X)	23.07%	59.10%	36.03
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	CCHCN (provider type 22 and 23)	16.66%	54.20%	37.54
				Total WC15mo	16.67%	52.27%	35.60
				The percentage of members 3, 4, 5, and 6 years of age who had one or more well-child visits with a PCP during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	60.41%	58.00%	-2.41
				SSI Blind (B, BP, K)	50.00%	60.00%	10.00
				SSI Disabled (D, DP, M)	60.46%	58.00%	-2.46
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	Foster (P,S, X)	67.07%	67.60%	0.53
				CCHCN (provider type 22 and 23)	65.96%	67.50%	1.54

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
				Total WC34	63.45%	62.77%	-0.68
Preventive Care	Child CSHCN Cohort	A	HEDIS® Adolescent Well Care Visits	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	32.33%	31.70%	-0.63
				SSI Blind (B, BP, K)	11.76%	25.90%	14.14
				SSI Disabled (D, DP, M)	32.43%	31.70%	-0.73
				Foster (P,S, X)	54.30%	52.70%	-1.60
				CCSHCN (provider type 22 and 23)	41.08%	41.70%	0.62
				Total AWC	37.48%	36.97%	-0.51
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months–19 years of age who had a visit with a primary care practitioner (PCP).			
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>			
				SSI Total(B, BP, D, DP, K, M)	96.15%	96.80%	0.65
				SSI Blind (B, BP, K)	100.00%	100.00%	0.00
				SSI Disabled (D, DP, M)	96.12%	96.70%	0.58
				Foster (P,S, X)	97.53%	95.70%	-1.83
				CCSHCN (provider type 22 and 23)	99.17%	95.60%	-3.57
				Total CAP 12–24 months	97.71%	95.94%	-1.77
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP) during the reporting year.</u>			
				SSI Total(B, BP, D, DP, K, M)	95.45%	94.50%	-0.95
				SSI Blind (B, BP, K)	75.00%	83.30%	8.30
				SSI Disabled (D, DP, M)	95.53%	94.50%	-1.03
				Foster (P,S, X)	91.39%	90.50%	-0.89
				CCSHCN (provider type 22 and 23)	96.36%	94.30%	-2.06
				Total CAP 25 months–6 years	94.61%	93.36%	-1.25
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.</u>			
				SSI Total(B, BP, D, DP, K, M)	N/A	97.90%	N/A
				SSI Blind (B, BP, K)	N/A	100.00%	N/A
				SSI Disabled (D, DP, M)	N/A	97.90%	N/A
				Foster (P,S, X)	N/A	94.40%	N/A
				CCSHCN (provider type 22 and 23)	N/A	98.60%	N/A
				Total CAP 7–11 years	N/A	97.09%	N/A

Performance Measure Domain	Age Group	Admin/Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Preventive Care	Child CSHCN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	N/A	95.50%	N/A
				SSI Blind (B, BP, K)	N/A	100.00%	N/A
				SSI Disabled (D, DP, M)	N/A	95.50%	N/A
				Foster (P,S, X)	N/A	94.00%	N/A
				CCSHCN (provider type 22 and 23)	N/A	97.60%	N/A
				Total CAP 12–19 years	N/A	95.29%	N/A

N/A: not applicable; NR: not reportable; A: administrative measure; H: hybrid measure; RY: reporting year; ob/gyn: obstetrician/gynecologist; OTC: over-the-counter; BMI: body mass index; SSI: Supplemental Security Income; HEDIS®: Healthcare Effectiveness Data and Information Set.

NCQA HEDIS® 2014 Compliance Audit

HEDIS® reporting is a contract requirement for Kentucky's Medicaid plans. In addition, the plans' HEDIS® measure calculations are audited annually by an NCQA-licensed audit organization, in accordance with NCQA's HEDIS® Compliance Audit specifications.

As part of the HEDIS® 2014 Compliance Audit, auditors assessed compliance with NCQA standards in the six designated Information Systems (IS) categories, as follows:

- **IS 1.0:** Medical Services Data – Sound Coding Methods and Data Capture, Transfer and Entry
- **IS 2.0:** Enrollment Data – Data Capture, Transfer and Entry
- **IS 3.0:** Practitioner Data – Data Capture, Transfer and Entry
- **IS 4.0:** Medical Record Review Process – Training, Sampling, Abstraction and Oversight
- **IS 5.0:** Supplemental Data – Capture, Transfer and Entry
- **IS 6.0:** Member Call Center Data – Capture, Transfer and Entry
- **IS 7.0:** Data Integration – Accurate HEDIS® Reporting, Control Procedures That Support HEDIS® Reporting Integrity

In addition, the following HEDIS® Measure Determination (HD) standards categories were assessed:

- **HD 1.0:** Denominator Identification
- **HD 2.0:** Sampling
- **HD 3.0:** Numerator Identification
- **HD 4.0:** Algorithmic Compliance
- **HD 5.0:** Outsourced or Delegated HEDIS® Reporting Functions

HEDIS® 2014 Measures

For the 2014 reporting year, four (4) MCOs were able to report HEDIS® 2014: Humana-CareSource, CoventryCares of Kentucky, Passport Health Plan, and WellCare of Kentucky. Anthem Blue Cross and Blue Shield Medicaid was not able to report HEDIS® 2014 as enrollment in the plan was initiated January 2014. Anthem Blue Cross and Blue Shield Medicaid will report HEDIS® 2015. The measures required for reporting are listed by domain. MCO rates for all measures are presented in this section.

Health Plan Descriptive Information

Board Certification (BCR)

- Family Medicine
- Internal Medicine
- Ob/gyn
- Pediatricians
- Geriatricians
- Other Physicians

Effectiveness of Care: Prevention and Screening

- Adult BMI Assessment (ABA)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunization for Adolescents (IMA)
- HPV Vaccine for Female Adolescents (HPV)
- Lead Screening in Children (LSC)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Non-recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Chlamydia Screening in Women (CHL)

Effectiveness of Care: Respiratory Conditions

- Appropriate Testing for Children with Pharyngitis (CWP)
- Appropriate Treatment for Children with URI (URI)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Use of Appropriate Medications for People With Asthma (ASM)
- Medication Management for People With Asthma (MMA)
- Asthma Medication Ratio (AMR)

Effectiveness of Care: Cardiovascular Conditions

- Cholesterol Management for Patients with Cardiovascular Conditions (CMC)
- Controlling High Blood Pressure (CBP)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Effectiveness of Care: Diabetes

- Comprehensive Diabetes Care (CDC)

Effectiveness of Care: Musculoskeletal

- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)
- Use of Imaging Studies for Low Back Pain (LBP)

Effectiveness of Care: Behavioral Health

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Follow-up After Hospitalization for Mental Illness (FUH)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)
- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Effectiveness of Care: Medication Management

- Annual Monitoring for Patients on Persistent Medications (MPM)

Access /Availability of Care

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Annual Dental Visit (ADV)
- Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)
- Prenatal and Postpartum Care (PPC)
- Call Answer Timeliness (CAT)

Use of Services

- Frequency of Ongoing Prenatal Care (FPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visit (AWC)
- Ambulatory Care: Outpatient Visits (AMB)
- Ambulatory Care: Emergency Department Visits (AMB)

In **Table 13** through **Table 16**, the MCOs' reported rates and the weighted statewide rate¹⁶ are provided when available. The MCOs' reported rates are compared to the NCQA HEDIS® 2014 national average for Medicaid HMOs, where possible. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

HEDIS® Compliance Audits result in audited rates or calculations at the measure level and indicate if the measures can be publicly reported. The auditor approves the rate or report status of each measure and survey included in the audit, as shown below:

- Reportable (R) – a rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure.
- Small Denominator (N/A) – the organization followed the specifications, but the denominator was too small (< 30) to report a valid rate.
- Benefit Not Offered (NB) – the organization did not offer the health benefit required by the measure.
- Not Reportable (NR) – the organization calculated the measure, but the rate was materially biased, or the organization chose not to report the measure or was not required to report the measure.

HEDIS® *Board Certification* rates illustrate the percentage of physicians in the provider network that were board certified as of the last day of the measurement year (MY; December 31, 2013). **Table 13** presents the HEDIS® Board Certification rates for MY 2013 along with the weighted statewide average and a comparison of the MCO rates to the NCQA national average. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

Table 13: HEDIS® 2014 Board Certification Measures

Measure	CoventryCares of Kentucky	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Family Medicine	63.91%↓	51.52%↓	76.70%↑	46.52%↓	53.88%↓
Internal Medicine	73.73%↓	65.17%↓	77.93%↑	50.54%↓	60.63%↓
Obstetrician/Gynecologist	70.85%↓	52.96%↓	70.89%↓	48.94%↓	58.26%↓
Pediatricians	78.75%↓	73.79%↓	78.03%↓	38.79%↓	58.21%↓
Geriatricians	57.14%↓	16.67%↓	100.00%↑	58.54%↓	47.87%↓
Other Physician Specialists	73.48%↓	59.23%↓	68.19%↓	39.53%↓	55.98%↓

↑: above NCQA national average for Medicaid; ↓: below NCQA national average for Medicaid.

In general, Board Certification rates for all specialties for each of the MCOs and the statewide averages were below the NCQA national averages, and represent an opportunity for improvement (**Table 13**). In fact, the statewide averages ranked at or below the Quality Compass®¹⁷ 10th percentile for all specialties except family medicine and ob/gyn, which ranked in the 25th percentile. One notable difference was Passport Health Plan's performance for Family Medicine, Internal Medicine and Geriatrics, which ranked above the NCQA national Medicaid averages.

HEDIS® 2014 Effectiveness of Care measures evaluate how well a health plan provides preventive screenings and care for members with acute and chronic illnesses, including: respiratory illnesses, cardiovascular illnesses, diabetes, behavioral health conditions and musculoskeletal conditions. In addition, medication management measures are included. **Table 14** presents the HEDIS® Effectiveness of Care rates for MY 2013 along with the weighted state wide averages and comparison to the NCQA HEDIS® 2014 national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

¹⁶ A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

¹⁷ Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 14: HEDIS® 2014 Effectiveness of Care Measures

Measure	CoventryCares of Kentucky	Humana- CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Prevention and Screening					
Adult BMI Assessment (aba)	60.88%↓	N/A	85.43%↑	85.65%↑	77.09%↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (wcc)					
BMI Percentile	25.00%↓	34.06%↓	77.48%↑	33.33%↓	39.27%↓
Counseling for Nutrition	23.84%↓	41.85%↓	66.67%↑	43.29%↓	40.83%↓
Counseling for Physical Activity	21.99%↓	36.50%↓	52.98%↑	41.44%↓	36.47%↓
Childhood Immunization Status: Combo 3 (cis)	67.52%↓	8.51%↓	80.75%↑	70.37%↓	71.63%↑
Immunizations for Adolescents (ima)					
Meningococcal	76.62%↑	71.15%↓	86.75%↑	81.99%↑	80.99%↑
Tdap/Td	86.11%↑	71.15%↓	91.61%↑	91.32%↑	89.24%↑
Combination #1	75.23%↑	71.15%↑	85.21%↑	81.03%↑	79.72%↑
Human Papillomavirus Vaccine for Female Adolescents (hvp)	16.32%↓	N/A	28.95%↓	15.28%↓	19.03%↓
Lead Screening in Children (lsc)	66.13%↓	53.19%↓	81.42%↑	68.18%↑	70.59%↑
Breast Cancer Screening (bcs) ²	N/A	N/A	59.25%↑	N/A	N/A
Cervical Cancer Screening (ccs) ¹	51.41%	37.96%	72.36%	48.93%	52.96%
Non-recommended Cervical Cancer Screening in Adolescent Females (ncs) ^{1, 3}	9.62%	.33%	6.98%	9.84%	8.88%
Chlamydia Screening in Women (chl)	48.27%↓	66.99%↑	65.58%↑	45.56%↓	51.08%↓
Respiratory Conditions					
Appropriate Testing for Children with Pharyngitis (cwp)	62.72%↓	N/A	80.54%↑	64.47%↓	67.01%↑
Appropriate Treatment for Children with URI (uri)	58.33%↓	75.47%↓	81.34%↓	59.17%↓	62.75%↓
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	16.60%↓	N/A	13.37%↓	30.45%↑	22.81%↓
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr) ²	N/A	N/A	38.15%↑	N/A	N/A
Pharmacotherapy Management of COPD Exacerbation (pce)					
Systemic Corticosteroid	65.10%↓	43.42%↓	76.78%↑	37.13%↓	46.83%↓
Bronchodilator	80.66%↓	59.21%↓	91.63%↑	47.05%↓	58.48%↓
Use of Appropriate Medications for People with Asthma (asm)	84.31%↑	N/A	91.31%↑	85.64%↑	86.53%↑
Medication Management for People with Asthma (mma)					
Total – Medication Compliance 50% ¹	67.72%	N/A	70.03%	61.08%	66.28%
Total – Medication Compliance 75%	44.04%↑	N/A	44.65%↑	37.01%↑	42.02%↑

Measure	CoventryCares of Kentucky	Humana- CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Asthma Medication Ratio (amr)	71.31%↑	N/A	78.43%↑	74.22%↑	74.05%↑
Cardiovascular Conditions					
Cholesterol Screening for Patients with Cardiovascular Conditions (cmc)					
LDL-C Screening Performed	79.63%↓	N/A	79.47%↓	80.09%↓	79.89%↓
LDL-C Control (< 100 mg/dL)	29.63%↓	N/A	41.50%↑	44.21%↑	39.94%↓
Controlling High Blood Pressure (cbp)	54.22%↓	42.34%↓	61.95%↑	54.98%↓	55.34%↓
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	89.87%↑	N/A	94.44%↑	71.13%↓	77.83%↓
Diabetes					
Comprehensive Diabetes Care (cdc)					
Hemoglobin A1c (HbA1c) Testing	83.08%↓	83.92%↑	86.59%↑	88.25%↑	86.69%↑
HbA1c Poor Control (> 9.0%) ³	45.73%↑	69.48%↑	36.28%↓	39.29%↓	40.97%↓
HbA1c Control (< 8.0%)	45.43%↓	28.34%↓	54.12%↑	51.04%↑	49.69%↑
HbA1c Control (< 7.0%)	36.38%↑	21.18%↓	40.68%↑	39.83%↑	38.65%↑
Eye Exam (Retinal) Performed	38.11%↓	37.87%↓	57.93%↑	35.25%↓	39.07%↓
LDL-C Screening Performed	78.66%↑	70.57%↓	77.13%↑	84.22%↑	81.67%↑
LDL-C Control (< 100 mg/dL)	28.81%↓	22.07%↓	39.18%↑	36.75%↑	34.90%↑
Medical Attention for Nephropathy	79.57%↑	75.20%↓	80.64%↑	79.72%↑	79.73%↑
Blood Pressure Control (< 140/80 mmHg)	32.16%↓	28.34%↓	37.96%↓	39.63%↓	37.39%↓
Blood Pressure Control (< 140/90 mmHg)	52.13%↑	44.41%↑	63.41%↑	58.76%↑	57.53%↑
Musculoskeletal Conditions					
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	65.84%↓	N/A	72.29%↑	42.88%↓	50.84%↓
Use of Imaging Studies for Low Back Pain (lbp)	69.18%↓	N/A	62.69%↓	64.20%↓	65.95%↓
Behavioral Health					
Antidepressant Medication Management (amm)					
Effective Acute Phase Treatment	59.33%↑	N/A	58.82%↑	49.86%↓	55.23%↑
Effective Continuation Phase Treatment	42.59%↑	N/A	42.45%↑	33.53%↓	38.71%↑
Follow-up Care for Children Prescribed ADHD Medication (add)					
Initiation Phase	49.85%↑	N/A	31.81%↓	64.86%↑	47.65%↑
Continuation and Maintenance (C&M) Phase	52.68%↑	N/A	41.67%↓	74.11%↑	56.49%↑
Follow-up After Hospitalization for Mental Illness					
30-Day Follow-up	63.37%↑	28.68%↓	9.38%↓	61.79%↑	59.43%↓

Measure	CoventryCares of Kentucky	Humana- CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
7-Day Follow-up	38.98%↓	15.50%↓	1.56%↓	36.07%↓	35.30%↓
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (ssd)	75.32%↓	77.17%↓	89.07%↑	78.15%↓	78.11%↓
Diabetes Monitoring for People with Diabetes and Schizophrenia (smd)	71.21%↑	N/A	54.41%↓	71.95%↑	69.94%↑
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (smc) ⁴	N/A	N/A	N/A	82.35%↑	N/A
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (saa)	61.79%↑	N/A	78.42%↑	64.70%↑	65.09%↑
Medication Management					
Annual Monitoring for Patients on Persistent Medications (mpm)					
ACE Inhibitors or ARBs	88.97%↑	N/A	91.78%↑	91.28%↑	90.65%↑
Digoxin	90.24%↓	N/A	93.75%↑	91.02%↓	91.21%↑
Diuretics	89.80%↑	N/A	92.95%↑	91.98%↑	91.51%↑
Anticonvulsants	64.23%↓	N/A	61.93%↓	69.76%↑	66.36%↑
Total	87.07%↑	N/A	89.37%↑	89.81%↑	88.88%↑

¹There are no benchmark rates available for comparison either because this is a new measure or due to specification changes that prevent comparisons.

²Only Passport Health Plan reported a rate for this measure.

³A lower rate reflects better performance.

⁴Only WellCare of Kentucky reported a rate for this measure.

N/A: not applicable. ↑: above NCQA national average for Medicaid; ↓: below NCQA national average for Medicaid.

The results of the HEDIS® Effectiveness of Care measures for MY 2013 showed mixed results (**Table 14**).

Performance was above the NCQA national Medicaid average for all four plans for the following measures (**Table 14**): Immunizations for Adolescents (Combination #1), Comprehensive Diabetes Care (Blood Pressure Control [$< 140/90$ mmHg]). Rates were also above the NCQA national average for three of three (3 of 3) MCOs that reported rates for the following measures: Medication Management for People with Asthma (Total), Medication Management for People with Asthma (Total – Medication Compliance 75%), Asthma Medication Ratio, Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors or ARBs, Diuretics, and Total).

Conversely, performance was below the NCQA national average for all four plans for the following measures: Appropriate Treatment for Children with URI, Comprehensive Diabetes Care (Blood Pressure Control [$< 140/80$ mmHg]), and Follow-up After Hospitalization (7-Day). Rates were also below the NCQA national average for three of three (3 of 3) MCOs that reported rates for Cholesterol Screening for Patients with Cardiovascular Conditions (LDL-C Screening Performed) and Use of Imaging for Low Back Pain (**Table 14**).

Performance for the statewide average was very good (**Table 14**). The statewide average rates exceeded the NCQA national Medicaid average for the following measures: Adult BMI Assessment, Childhood Immunization Status (Combination 3), Immunizations for Adolescents (Meningococcal, Tdap/Td, and Combination 1), Lead Screening in Children, Appropriate Testing for Children with Pharyngitis, Use of Appropriate Medications for People with Asthma (Total), Medication Management for People with Asthma (Total – Medication Compliance 75%), Asthma Medication Ratio, Comprehensive Diabetes Care (HbA1c Testing, HbA1c Control [$< 8.0\%$], HbA1c Control [$< 7.0\%$], LDL-C Screening Performed, LDL-C Control [< 100 mg/dL], Medical Attention for Neuropathy, Blood Pressure Control [$< 140/90$ mmHg], Antidepressant Medication Management (Effective Acute Phase Treatment, Effective Continuation Phase Treatment), Follow-up Care for Children Prescribed ADHD Medications (Initiation Phase, Continuation and Maintenance Phase), Diabetes Monitoring for People with Diabetes and Schizophrenia, Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and Annual Monitoring for Patients on Persistent Medications (all five [5] numerators and Total).

Notably, the following rates ranked above the 75th percentile (**Table 14**): Immunizations for Adolescents (Meningococcal, Tdap/Td, and Combination 1), Medication Management for People with Asthma (Total – Medication Compliance 75%), Asthma Medication Ratio, Comprehensive Diabetes Care (HbA1c Testing, HbA1c Control [$< 8.0\%$], HbA1c Control [$< 7.0\%$], LDL-C Screening Performed, LDL-C Control [< 100 mg/dL]), Antidepressant Medication Management (Effective Acute Phase Treatment, Effective Continuation Phase Treatment), Follow-up Care for Children Prescribed ADHD Medications (Initiation Phase, Continuation and Maintenance Phase), and Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors or ARBs, Diuretics, and Total).

For the remaining measures, the statewide average rate fell below the NCQA national Medicaid average (**Table 14**). The rates ranked at or below the 10th percentile for the following measures: Appropriate Treatment for Children with URI, Pharmacotherapy Management for COPD Exacerbation (both numerators), Persistence of Beta-Blocker Treatment After a Heart Attack, Comprehensive Diabetes Care (Blood Pressure Control [$< 140/80$ mmHg]), Disease Modifying Anti-rheumatic Drug Therapy in Rheumatoid Arthritis, and Use of Imaging in Low Back Pain.

HEDIS® Access/Availability of Care measure domain examines the percentages of children and adolescents who access their PCP for preventive services and adults who receive ambulatory health care services, access to prenatal and postpartum services for the Medicaid product line, call answer timeliness and measures of access for a variety of other services. **Table 15** presents selected HEDIS® Access and Availability measure rates for MY 2013 along with the weighted state wide averages and comparison to the NCQA HEDIS® 2014 NCQA national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

Table 15: HEDIS® 2014 Access and Availability Measures

Measure	CoventryCares of Kentucky	Humana- CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (aap)					
20–44 Years	86.43%↑	73.35%↓	90.45%↑	88.90%↑	87.86%↑
45–64 Years	92.16%↑	80.11%↓	94.78%↑	94.48%↑	93.56%↑
65+ Years	86.47%↑	83.72%↓	93.21%↑	94.51%↑	93.74%↑
Total	88.62%↑	77.37%↓	92.39%↑	91.98%↑	90.69%↑
Children and Adolescents' Access to Primary Care Practitioners (cap)					
12–24 Months	95.46%↓	93.40%↓	98.55%↑	98.07%↑	97.20%↑
25 Months– 6 Years	92.42%↑	79.98%↓	92.00%↑	93.02%↑	92.15%↑
7–11 Years	97.57%↑	N/A	94.70%↑	97.47%↑	96.81%↑
12–19 Years	96.39%↑	N/A	93.95%↑	96.45%↑	95.80%↑
Annual Dental Visit (adv)	59.22%↑	50.26%↑	65.48%↑	65.00%↑	62.53%↑
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (iet)					
Initiation of AOD Treatment: Total	31.48%↓	N/A	30.22%↓	25.42%↓	28.10%↓
Engagement of AOD Treatment: Total	5.63%↓	N/A	1.76%↓	5.35%↓	4.95%↓
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	82.41%↑	82.26%↑	91.61%↑	86.54%↑	86.24%↑
Postpartum Care	50.93%↓	61.02%↓	67.33%↑	52.44%↓	55.47%↓
Call Answer Timeliness (cat)	85.31%↑	93.01%↑	86.69%↑	86.80%↑	86.43%↑

N/A: not applicable; ↑: above NCQA national average; ↓: below NCQA national average.

Statewide PMs related to Access and Availability were an area of strength (**Table 15**). The statewide average ranked above the Medicaid NCQA national average for all measures except: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (both numerators) and Prenatal and Postpartum Care (Postpartum Care). The strongest performance was seen for Annual Dental Visit, Prenatal and Postpartum Care: Timeliness of Prenatal Care, and Call Answer Timeliness, where all four (4) MCOs' and the statewide average rates exceeded the NCQA national average. Additionally, three of four (3 of 4) MCOs' rates ranked above the NCQA national average for the following measures: Adults' Access to Preventative/ Ambulatory Health Services (all age groups) and Children and Adolescents' Access to Primary Care Practitioners (25 Months–6 Years, 7–11 Years and 12–19 Years).

Notably, rates for the statewide average ranked at or above the national Medicaid 75th percentile for the following: Adults' Access to Preventative/Ambulatory Health Services (all age groups), Children and Adolescents' Access to Primary Care Practitioners (all age groups), Annual Dental Visit, and Prenatal and Postpartum Care: Timeliness of Prenatal Care (**Table 15**).

HEDIS® Use of Services domain (**Table 16**) contains four measures that have the same structure as the Effectiveness of Care measures, including: Frequency of Ongoing Prenatal Care: 81+ Percent; Well-Child Visits In the First 15-Months of Life: 6+ Visits; Well-Child Visits In the Third, Fourth, Fifth and Sixth Years of Life; and Adolescent Well-Care Visits. They are subject to the same guidelines as the Effectiveness of Care domain for calculation, including the inclusion of all claims. They are also reported as percentages with a higher percentage indicating better performance. **Table 16** presents selected HEDIS® Use of Services measure rates for measurement year (MY) 2013 along with the weighted state wide averages and comparison to the HEDIS® 2014 NCQA national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

Table 16: HEDIS® 2014 Use of Services

Measure	CoventryCares of Kentucky	Humana- CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC)	53.73%↓	61.83%↑	78.37%↑	69.61%↑	66.17%↑
Well-Child Visits in the First 15 Months of Life: 6+ Visits (W15)	57.77%↓	N/A	70.34%↑	61.81%↑	62.43%↑
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	62.73%↓	56.69%↓	75.47%↑	56.31%↓	62.75%↓
Adolescent Well-Care Visits (AWC)	46.30%↓	39.42%↓	57.99%↑	43.75%↓	47.48%↓
Ambulatory Care: Outpatient Visits	660.84/ 1,000 MM↑	336.28/ 1,000 MM↓	398.89/ 1,000 MM↑	594.18/ 1,000 MM↑	573.72/ 1,000 MM↑
Ambulatory Care: Emergency Department Visits	78.72/ 1,000 MM↑	5.42/ 1,000 MM↓	76.23/ 1,000 MM↑	83.58/ 1,000 MM↑	78.11/ 1,000 MM↑

↑: above NCQA national average; ↓: below NCQA national average; N/A; not applicable; MM: member months.

Statewide, the Use of Services measures showed mixed performance (**Table 16**). The statewide average rate exceeded the NCQA national average rate for two of four (2 of 4) of the Effectiveness of Care-like measures, Frequency of Ongoing Prenatal Care (≥ 81%+) and Well-Child Visits in the First 15 Months of Life (6+ Visits). All of the plans showed variations in performance, except Passport Health Plan, with rates that exceeded the NCQA national average for all four (4) measures. Contrarily, the greatest opportunity for improvement was seen for Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits, where three of four (3 of 4) MCOs' rates and the statewide average rate fell below the NCQA national average.

It is difficult to interpret performance for the remaining two measures: Ambulatory Care: Outpatient Visits and Ambulatory Care: Emergency Department Visits (**Table 16**). For Outpatient Visits, rates for three (3) MCOs and the statewide average were above the national Medicaid average. The statewide average exceeds the 90th percentile. Without more detailed information, it cannot be determined, however, whether this reflects appropriate utilization of services. Regarding Ambulatory Care: Emergency Department Visits, the rate for one MCO was unusually low, while the remaining rates were above the NCQA national average. The statewide average again exceeds the 90th percentile. Generally speaking, higher rates for ED visits are considered poorer performance.

Consumer Satisfaction Measures – Reporting Year 2014

DMS requires that all plans conduct an annual assessment of member satisfaction with the quality of and access to services using the CAHPS® surveys. MCOs contract with an NCQA certified survey vendor to field these member satisfaction surveys for both the adult and child member populations to assess both satisfaction with the MCO and with participating providers. Questions are grouped into categories that reflect satisfaction with service and care. Using AHRQ’s nationally recognized survey allows for uniform measurement of consumers’ health care experiences and for comparison of results to benchmarks. Through Quality Compass®, NCQA releases benchmarks for both the adult satisfaction survey and the child/adolescent satisfaction survey. Findings and interventions for improvement are reported to DMS and upon request, disclosed to members.

CAHPS® 5.0 Adult Survey

The adult member satisfaction survey was sent to a random sample of members aged 18 years and older as of December 31, 2013, and who were continuously enrolled for at least five of the last six months of 2013. **Table 17** presents the HEDIS® CAHPS® 5.0 Adult Survey Measure rates for MY 2013¹⁸ along with the weighted state wide averages¹⁹ and comparison to the HEDIS® 2014 NCQA national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

Table 17: CAHPS® 5.0 Adult Survey – RY 2014

Measure ¹	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana- CareSource	Weighted Statewide Average
Getting Needed Care ²	80.90%↑	85.29%↑	86.39%↑	79.87%↓	84.36%↑
Getting Care Quickly ²	84.99%↑	85.37%↑	86.70%↑	76.00%↓	85.74%↑
How Well Doctors Communicate ²	88.71%↓	88.16%↓	91.16%↑	88.00%↓	89.82%↑
Customer Service ²	79.53%↓	90.48%↑	87.03%↑	84.11%↓	85.05%↓
Rating of All Health Care	69.10%↓	69.21%↓	72.45%↑	73.54%↑	70.99%↓
Rating of Personal Doctor	81.92%↑	76.58%↓	82.55%↑	77.83%↓	81.45%↑
Rating of Specialist Seen Most Often	75.48%↓	78.60%↓	84.82%↑	83.64%↑	81.02%↑
Rating of Health Plan	70.88%↓	82.56%↑	79.72%↑	77.36%↑	77.25%↑

¹For “Rating of” measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never” the Medicaid rate is based on responses of “Always” and “Usually.”

²These indicators are composite measures.

↑: above NCQA national average; ↓: below NCQA national average.

¹⁸ The full reports of CAHPS® data for each of the MCOs are available on the DMS Quality web page.

¹⁹ A weighted rate or average is obtained by combining different numbers according to the relative importance of each. In this case, the MCOs’ individual performance rates are combined according to the size of the eligible populations as a portion of the total number of eligible members across all MCOs.

The statewide average rate ranked above the NCQA national average rate for six of eight (6 of 8) measures, all except Customer Service and Rating of All Health Care (**Table 17**). Rates that met or exceeded the 75th percentile included: Getting Needed, Care Getting Care Quickly, and Rating of Specialist Seen Most Often. No statewide rates fell at or below the 10th percentile.

In general, the MCOs' individual performance demonstrates a substantial opportunity for improvement, with the exception of WellCare of Kentucky, with rates that exceeded the NCQA national average for eight of eight (8 of 8) metrics (**Table 17**). The other three (3) MCOs had rates above the average for only three to four (3 to 4) measures. Additionally, there were no measures where all four (4) MCOs' rates surpassed the NCQA national average

CAHPS® 5.0 Child Survey

The child and adolescent member satisfaction survey was sent to the parent/guardian of randomly sampled members of 17 years of age and younger as of December 31, 2013, and who were continuously enrolled for at least five of the last six months of 2013. **Table 18** displays the reported rates for each of the MCOs for selected survey items and composite measures²⁰ as well as a weighted statewide average.²¹

Table 18: CAHPS® 5.0 Child Survey – RY 2014

Measure ¹	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource	Weighted Statewide Average
Getting Needed Care ²	90.86%↑	88.50%↑	92.28%↑	85.40%↑	90.83%↑
Getting Care Quickly ²	94.03%↑	92.21%↑	93.02%↑	89.55%↑	93.18%↑
How Well Doctors Communicate ²	94.99%↑	93.15%↑	94.21%↑	91.96%↓	94.26%↑
Customer Service ²	87.90%↑	90.13%↑	88.55%↑	84.73%↓	88.53%↑
Rating of All Health Care	79.81%↓	85.43%↑	85.19%↑	81.75%↓	82.70%↓
Rating of Personal Doctor	85.80%↓	86.64%↓	89.50%↑	84.17%↓	87.37%↓
Rating of Specialist Seen Most Often	87.96%↑	89.22%↑	81.73%↓	N/A	85.75%↑
Rating of Health Plan	79.54%↓	91.69%↑	86.51%↑	83.11%↓	86.73%↑

¹For "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" and "Usually."

²These indicators are composite measures.

↑: above NCQA national average; ↓: below NCQA national average.

Similar to the adult survey, the statewide average rate ranked above the NCQA national average rate for six of eight (6 of 8) measures, in this case, all except Rating of All Health Care and Rating of Personal Doctor (**Table 18**). Rates that met or exceeded the 75th percentile included: Getting Needed Care and Care Getting Care Quickly. Four (4) additional measures ranked in the 50th percentile. No statewide rates fell at or below the 10th percentile. Additionally, all four (4) MCOs' rates surpassed the NCQA national average for both Getting Needed Care and Care Getting Care Quickly.

The MCOs' individual performance for the child survey was mixed (**Table 18**). Two (2) of the MCOs' rates exceeded the NCQA national average for seven of eight (7 of 8) measures. Performance for the remaining two (2) MCOs reveals considerable opportunity for improvement.

²⁰ The full reports of CAHPS® data for each of the MCOs are available on the DMS Quality web page.

²¹ A weighted average is an average in which some values count for more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

Validation of Performance Improvement Projects

This section of the report presents the results of IPRO's evaluation of the Medicaid PIPs in progress during CY 2014 and submitted to DMS in September 2014.²² The assessments were conducted using tools developed by IPRO and consistent with CMS EQR protocols for PIP validation.

The following narratives summarize the PIPs in proposed or in progress for each of the MCOs during 2012–2014 and IPRO's validation results.

Anthem Blue Cross and Blue Shield Medicaid – Performance Improvement Projects 2014

Anthem Blue Cross and Blue Shield Medicaid 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Proposal

Submitted: 9/25/14

Revised: 12/29/14

Study Topic Selection

Anthem Blue Cross and Blue Shield Medicaid's 2015 behavioral health PIP topic is increasing effective and appropriate use of antipsychotic medications in children and adolescents. The objective of the PIP is to answer the following questions:

- Can analysis of data combined with intensive provider and member education:
 - increase the proportion of children and adolescents 1–17 years on antipsychotics who had metabolic testing?
 - increase the proportion of children and adolescents 1–17 years who were newly prescribed an antipsychotic and who had first-line psychosocial care?
 - decrease the proportion of children and adolescents 1–17 years who were on ≥ 2 concurrent antipsychotics?

The PIP indicators are the following six HEDIS® and proposed HEDIS® indicators²³, as directed by DMS:

- HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC),
- HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP),
- HEDIS® Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM),
- proposed HEDIS® measure: Metabolic Screening for Children and Adolescents on Antipsychotics,
- proposed HEDIS® measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents, and
- proposed HEDIS® measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO has planned the following interventions:

Provider interventions:

- conduct direct provider outreach to advise of panel members with gaps in metabolic monitoring; and
- conduct direct provider outreach to those who prescribe multiple antipsychotics.

Member interventions:

- make outreach calls parents/guardians regarding the need for first-line psychosocial care.

²² The full PIP reports for each of the MCOs submitted at the time of the final re-measurement will be available on the DMS Quality web page.

²³ Note that some of these indicators may not be reportable for Anthem Blue Cross and Blue Shield Medicaid due to limited time in the Medicaid program and members do not meet continuous enrollment criteria.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: a strong rationale supported by data, national statistics, and evidence-based findings and process measures to track and evaluate the interventions.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: include a rationale for the performance goals selected. Once baseline data are available, the MCO should evaluate the performance goals and provide a rationale for each.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

Anthem Blue Cross and Blue Shield Medicaid 2015 PIP: Emergency Department Utilization

Status: Proposal

Date Submitted: 11/10/14

Revised: 1/27/15

It should be noted that Anthem Blue Cross and Blue Shield Medicaid initially submitted a proposal for PIP focus of Adolescent Well-Care Visits. It was determined that the MCO members would not meet the HEDIS® continuous enrollment criteria and the MCO was instructed to develop a new proposal on a different topic, ED utilization, that does not require continuous enrollment criteria.

Study Topic Selection

Anthem Blue Cross and Blue Shield Medicaid's 2015 physical health PIP topic is increasing members' effective and appropriate use of ED services. The objective of the PIP is to answer the following questions:

- Can a combination of a member and provider-focused interventions:
 - decrease the number of ED visits annually?
 - decrease the number of members with ≥ 10 ED visits annually?
 - reduce the total number of ED visits among members enrolled in the top-five high-volume PCP practices and the 5 PCP practices with the highest ED utilization?
 - increase the HEDIS® Adult Access to Preventive/Ambulatory Services (AAP) rate?
 - increase the HEDIS® Children and Adolescents' Access to Primary Care Practitioners (CAP) rate?

The PIP indicators are:

- HEDIS® Ambulatory Care: ED Utilization,
- HEDIS® Adult Access to Preventive/Ambulatory Services, and
- HEDIS® Children and Adolescents' Access to Primary Care Practitioners.

The MCO has planned the following interventions:

Provider interventions:

- provide data on panel members' ED visits to the top-five high-volume PCP practices and the five practices with the highest ED utilization.

Member interventions:

- assign Case Managers to focus on frequent ED users;

- distribute member education letters on the PCP-relationship, availability/use of the 24-Hour Nurse Line, when to use the ED, alternative settings to the ED, and the availability of transportation services; and
- initiate post-ED follow-up calls to members.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths of the PIP proposal include: a strong rationale supported by data, national statistics, and evidence-based findings and process measures to track and evaluate the interventions.

Opportunities for Improvement

Key opportunities for improvement are that the MCO should: include a rationale for the performance goal selected. Once baseline data are available, the MCO should evaluate performance goals and provide a rationale for each.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

CoventryCares of Kentucky Performance Improvement Projects 2013–2014

CoventryCares of Kentucky 2013 PIP: Decreasing Non-emergent/Inappropriate Emergency Room Utilization

Status: Interim Measurement

Proposal Submitted: 11/16/12

Revised: N/A

Baseline Report Submitted: 9/1/2013

Revised: 1/31/2014

Interim Report Submitted: 8/31/14

Study Topic Selection

CoventryCare's 2013 PIP topic was decreasing non-emergent and avoidable ED utilization. The objective of the PIP was to answer the following questions:

- Will member education regarding appropriate ED utilization reduce the HEDIS® Ambulatory Care: ED Utilization rate?
- Can enrollment in case management decrease the volume of high-utilizers' ED visits?

The PIP indicators are:

- HEDIS® Ambulatory Care: ED Utilization, and
- the number of ED visits annually by members who are high-utilizers (those with ≥ 9 ER visits per year).

The MCO implemented the following interventions:

Provider interventions:

- informed providers about panel members who over-utilized the ED/used the ED for inappropriate reasons; and
- educated providers via the provider newsletter, an Urgent Treatment Center brochure, and the Outreach and Provider Relations departments.

Member interventions:

- educated members about different levels of care and appropriate use of the ED via mail/brochures;

- informed members of the availability of the McKesson 24 Hour Nurse Line;
- educated members about transportation options and assisted members with transportation services;
- educated members about preventive health guidelines and immunization schedules; and
- promoted preventive and wellness activities via reminder letters.

Health plan interventions:

- collaborated to send reminder letters about PCP follow-up visits;
- partnered with a local hospital to reduce overutilization and inappropriate use of the ED; and
- assisted members with special needs by identifying PCPs and specialists.

Data Analysis and Results

Results for the baseline and interim measurement periods are shown in **Table 19**.

Table 19: CoventryCares of Kentucky 2013 PIP: Decreasing Non-emergent/Inappropriate ER Utilization

Indicator	Baseline Results MY 2012	Interim Results MY 2013	Performance Target
HEDIS® Ambulatory Care: ED Utilization	81.97/1,000 MM	73.53/1,000 MM	Decrease rate/1,000 MM by 2 percentage points (79.97/1,000 MM)
The number of visits by members with high ED utilization (≥ 9 visits) ¹	NR ²	NR ²	Decrease visit rate by 2%
Secondary Indicator: Average # of ED Visits/Month	19,365 visits/month	15,727 visits/month	N/A – for tracking purposes only

¹The rate reported for this indicator could not be interpreted by the reviewers based on the indicator definition.

²No rate was reported for this indicator and the numbers reported for the numerator and denominator did not appear to be related.

MY: measurement year; MM: member months; NR: not reported; N/A: not applicable.

Achievement of Improvement

Improvement was achieved at the interim measurement (**Table 19**). The rate for HEDIS® Ambulatory Care: ED Utilization measure improved and exceeded the performance goal. It could not be determined if there was improvement in the indicator “number of visits by members with high ED utilization” because the indicator specifications were not clear. Although the average number of visits/month was used for tracking purposes only, the rate did decline (an improvement).

Strengths

Key strengths of the PIP include: a strong project rationale supported by data; evidence supporting the relevance of the topic to the MCO’s members; identification of possible barriers to care; and evidence-based interventions.

Opportunities for Improvement

Key opportunities for improvement are that the MCO should: clarify the indicator definition(s) and present the results clearly. Additionally, the activities involved in the collaboration with facilities are not described and it is not clear how the interventions promoting PCP visits and preventive care will directly impact ED utilization.

Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the lack of clarity of the indicator for members who were high ED utilizers.

The project score for interim PIP report is reported in **Table 20**. It should be noted that due to the score achieved at interim measurement (not met), as directed by DMS, CoventryCares of Kentucky is implementing a CAP related to conducting PIPs.

Table 20: CoventryCares of Kentucky– Emergency Department Utilization Interim PIP Project Score

Review Element	Compliance Level	Points Earned	Points Available
Review Element 1 – Project Title, Type, Focus Area	Partially met	2.5	5
Review Element 2 – Topic Relevance	Met	5	5
Review Element 3 – Quality Indicator(s)	Partially met	7.5	15
Review Element 4 – Baseline Study and Analysis	Partially met	5	10
Review Element 5 – Baseline Study Population and Measurement	Met	10	10
Review Element 6 – Interventions	Partially met	7.5	15
Review Element 7 – Demonstrable Improvement	Not met	0	20
Total Score at Interim Measurement	Not met	37.5	80
Review Element 1S – Subsequent or Modified Interventions ¹	N/A	N/A	N/A
Review Element 2S – Sustained Improvement ¹	N/A	N/A	N/A
Total Score at Final Measurement	N/A	N/A	N/A
Overall Project Score	N/A	N/A	N/A

¹Not applicable at this time; the PIP was scored at the interim phase only.

N/A: not applicable.

CoventryCares of Kentucky 2013 PIP: Major Depression: Antidepressant Medication Management and Compliance

Status: Interim Measurement

Proposal Submitted: 11/16/12

Revised: N/A

Baseline Submitted: 9/1/13

Revised: 1/31/14

Interim Submitted: 8/31/14

Study Topic Selection

CoventryCares of Kentucky's 2013 behavioral health PIP topic was management of medications for major depression. The objective of the PIP was to answer the following questions:

- Will provider and member education and reminders:
 - lead to more effective treatment for major depression?
 - increase members' compliance with antidepressant medication?
 - increase members' overall medication possession ratio (MPR) to ≥ 0.8 ?
 - increase the proportion of members with MPR ≥ 0.8 ?

The PIP indicators were:

- HEDIS® Antidepressant Medication Management (AMM): Effective Acute Phase Treatment,
- HEDIS® Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment, and
- Medication Possession Ratio for members on antidepressant therapy.

The MCO implemented the following interventions:

Provider interventions:

- distributed information via the Provider Newsletter regarding the American Psychological Association's (APA) Clinical Practice Guidelines for diagnosing and managing major depression and how to assist patients with medication adherence; and
- identified prescribing patterns of PCPs with members identified as non-compliant.

Member interventions:

- tracked medication adherence for members newly diagnosed with depression;
- conducted behavioral health screenings for new members and made referrals to MHNet care management where needed; and
- provided information regarding identification, diagnosis and management of major depression via the member website and targeted mailings.

Health plan interventions:

- collaborated with the MCO's pharmacy department to identify members' adherence and omission gaps.

Data Analysis and Results

Results for the baseline and interim periods are shown in **Table 21**.

Table 21: CoventryCares of Kentucky 2013 PIP: Antidepressant Medication Management and Compliance

Indicator	Baseline Results MY 2012	Interim Results MY 2013	Performance Target
HEDIS® AMM: Acute Phase	52.33%	61.14%	2% increase (53.38%)
HEDIS® AMM: Continuation Phase	31.40%	44.40%	2% increase (32.03%)
Average MPR	0.68 MPR	0.93 MPR	0.80 MPR
Members with MPR ≥ 0.8	42.14%	73.31%	NR

MY: measurement year; AMM: Antidepressant Medication Management; MPR: Medication Possession Ratio; NR: not reported.

Achievement of Improvement

The MCO's rate for HEDIS® Antidepressant Management: Acute Phase increased by almost 9 percentage points, and for HEDIS® Antidepressant Management: Continuation Phase, the MCO's rate improved by 13 percentage points (**Table 21**). Both exceeded the goal of achieving a 2% increase. The average MPR increased from 0.68 to 0.93, above the performance target and benchmark rate of 0.80. The proportion of members treated with antidepressants who achieve an MPR ≥ 0.8 also increased over 30 percentage points.

Strengths

Key strengths include: a strong rationale with multiple literature citations and data related to the MCO's membership; the topic major depressive disorder (MDD) is a highly prevalent condition and compliance with treatment can have a large impact on health outcomes.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: clarify the indicator specifications; add process measures; and develop and implement a more active intervention strategy. The majority of the interventions are passive education activities including mailings and website postings. Specifically, the intervention involving the pharmacy department to identify members with poor adherence will not be effective since the follow-up includes only general educational web-postings for providers. The MCO should take a more active approach, directly contacting the associated prescribers and members. Additionally, it is not clear how screening, identifying, and referring members with depression will improve medication adherence for members currently on antidepressant medications.

Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk after the revisions and clarifications suggested by the EQRO were completed.

The project score for interim PIP report is reported in **Table 22**. It should be noted that due to the score achieved at interim measurement (not met), as directed by DMS, CoventryCares of Kentucky is implementing a CAP related to conducting PIPs.

Table 22: CoventryCares of Kentucky PIP: Antidepressant Medication Management and Compliance – Interim Score

Review Element	Compliance Level	Points Earned	Points Available
Review Element 1 – Project Title, Type, Focus Area	Partially met	2.5	5
Review Element 2 – Topic Relevance	Met	5	5
Review Element 3 – Quality Indicator(s)	Partially met	7.5	15
Review Element 4 – Baseline Study and Analysis	Partially met	5	10
Review Element 5 – Baseline Study Population and Measurement	Met	10	10
Review Element 6 – Interventions	Partially met	7.5	15
Review Element 7 – Demonstrable Improvement	Partially met	10	20
Total Score at Interim Measurement	Not met	47.5	80
Review Element 1S – Subsequent or Modified Interventions ¹	N/A	N/A	N/A
Review Element 2S – Sustained Improvement ¹	N/A	N/A	N/A
Total Score at Final Measurement	N/A	N/A	N/A
Overall Project Score	N/A	N/A	N/A

¹Not applicable at this time; the PIP was scored at the interim phase only.

N/A: not applicable.

CoventryCares of Kentucky 2014 PIP: Secondary Prevention by Supporting Families of Children with ADHD

Status: Baseline Measurement

Proposal Submitted: 8/30/13

Revised: 12/20/13

Baseline Submitted: 9/18/14

Study Topic Selection

Coventry's 2014 behavioral health PIP topic was supporting families of children with ADHD. The objective of the PIP was to answer the following question:

- Will targeted mailings to prescribing providers and members/families increase utilization of behavioral health counseling services?

The PIP indicators are:

- the proportion of eligible members who complete an initial psychotherapy session;
- the proportion of eligible members who complete an initial psychotherapy session and one (1) follow-up psychotherapy session;
- the proportion of eligible members who complete an initial psychotherapy session and two (2) follow-up psychotherapy sessions; and
- the proportion of eligible members who complete an initial psychotherapy session and three (3) follow-up psychotherapy sessions.

The MCO implemented the following interventions:

Provider interventions:

- educated practitioners and PCP staff about the Preventive Behavioral Health program and MHNet policies for treatment authorizations for children;
- provided patient education materials for providers to review with the members and families;
- sent a fax blast with behavioral health guidelines for ADHD to all non-psychiatric providers; and
- sent information about the benefits of joint psychotherapy and medication to prescribing providers.

Member interventions:

- mailed member and family education materials; and
- sent information about the benefits of joint psychotherapy and medication to members and families.

Health plan interventions:

- developed a program to identify members at risk; and
- created a report to identify all members between the ages of 6–12 years who received prescriptions for ADHD medications.

Data Analysis and Results

Results for the baseline measurement period are reported in **Table 23**.

Table 23: CoventryCares of Kentucky 2014 PIP: Supporting Families of Children with ADHD

Indicator	Baseline Results MY 2014	Performance Target
Proportion of members with an initial psychotherapy.	NR	70% of eligible population
Proportion of members with an initial psychotherapy session and 1 follow-up session.	NR	50% of eligible population
Proportion of eligible members with an initial psychotherapy session and 2 follow-up sessions.	NR	40% of eligible population
Proportion of eligible members with an initial psychotherapy session and 3 follow-up sessions.	NR	30% of eligible population

MY: measurement year; NR: not reported.

Achievement of Improvement

Not applicable. Interim results will be reported in September 2015. However, it is important to note that the MCO was unable to report baseline results.

Strengths

Key strengths include: the topic represents an important and prevalent health concern for members; the barrier analysis describes a broad variety of member, provider, and health plan barriers.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: report baseline data; clarify the indicator specifications by defining the index event, drug classes/codes and numerator timeframes; indicate the specific timeframes for interventions and if they are one-time or ongoing initiatives; implement a more active intervention strategy as the interventions are primarily passive distribution of information; describe the ADHD Preventive Behavioral Health program.

Overall Credibility of Results

There are one or more validation findings that indicate the credibility of the PIP is at risk. The indicator specifications were missing key components and the MCO was not able to report baseline rates.

CoventryCares of Kentucky 2014 PIP: Decreasing Avoidable Hospital Re-admissions

Status: Baseline

Proposal Submitted: 8/30/13

Revised: 12/19/2013

Baseline Submitted: 8/31/14

Revised: N/A

Study Topic Selection

CoventryCares of Kentucky's 2014 physical health PIP topic was decreasing avoidable hospital re-admissions. The objective of the PIP was to answer the following question:

- Will the implementing an enhanced pre-discharge member education program and post-discharge follow-up decrease hospital re-admission rates?

The PIP indicator was:

- HEDIS® Inpatient Utilization (IPU)-General Hospital/Acute Care Measure (rates stratified by region, gender and age).

The MCO implemented the following interventions:

Provider interventions:

- worked with hospitals with high re-admission rates to manage at-risk patients with multiple re-admissions.

Member interventions:

- sent follow-up visit reminder letters to members after hospital discharge;
- developed a pilot program where HEDIS® outreach coordinators and onsite staff contacted and educated members during their inpatient stay; and
- assessed the feasibility of establishing a Health Services Program health coach.

Health plan interventions:

- used referral data to identify members with inpatient admissions for onsite MCO staff;
- generated a monthly dataset of members discharged during the previous 30 days; and
- used the Agency for Healthcare Research and Quality (AHRQ) Re-Engineered Discharge (RED) Toolkit.

Data Analysis and Results

Results for the baseline measurement period are reported in **Table 24**.

Table 24: CoventryCares of Kentucky 2014 PIP: Decreasing Avoidable Hospital Re-admissions

Indicator	Baseline Results MY 2013	Performance Target
Members with an inpatient admission with LOS ≥ 3 days and re-admission within 30 days of discharge	23.54%	21.54%

MY: Measurement Year; LOS: length of stay.

Achievement of Improvement

Not applicable. The interim results will be reported in September 2015.

Strengths

Key strengths include: a strong project rationale supported by statewide and plan-specific data; selection of a topic which demonstrates ample opportunity for improvement; and the stratification of rates should be useful for barrier analysis and developing targeted interventions.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: use a reliable source to ascertain the excluded re-admission diagnoses; revise the project timeline so that it includes 3 measurement periods: baseline, interim, and final; with the baseline year CY 2013 (HEDIS® 2014); clarify the criteria to identify members at risk for re-admission; provide a rationale for targeting specific diagnoses; describe how the AHRQ RED kit was implemented; describe the specific Care Coordinator and proposed Health Care Coach activities; analyze data to identify the population(s) and facilities that are driving the re-admissions and develop a targeted intervention strategy; and remove the extraneous information in the report (not related to prevention of re-admissions, such as wellness tips).

Overall Credibility of Results

There are one or more validation findings that indicate a bias in the PIP results. The indicator specifications are not entirely clear. The reliability of the source of the excluded diagnoses is unknown.

CoventryCares of Kentucky 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Proposal

Proposal Submitted: 9/8/14

Revised: 12/30/14

Study Topic Selection

Coventry's 2015 behavioral health PIP topic is use of antipsychotic medications in children and adolescents. The objective of the PIP is to answer the following questions:

- Will provider and member education/reminders:
 - improve the rates for: proposed HEDIS® measures Follow-up Visit for Children and Adolescents on Antipsychotics, Metabolic Screening for Children and Adolescents on Antipsychotics, and Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents?
 - improve the rates for HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics, HEDIS® Metabolic Monitoring for Children and Adolescents on Antipsychotics and HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents?

The PIP indicators are the following six HEDIS® and proposed HEDIS® indicators, as directed by DMS:

- HEDIS®: Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC);
- HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP);
- HEDIS® Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM);
- proposed HEDIS® measure: Metabolic Screening for Children and Adolescents on Antipsychotics;
- proposed HEDIS® measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents; and
- proposed HEDIS® measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO plans to implement the following interventions:

Provider interventions:

- disseminate an educational resource packet for providers by mail, at provider forums, and committee meetings;
- offer ongoing provider education via best practice clinical guidelines;
- post information on the available behavioral health services and links to *Choosing Wisely*®, the American Academy of Child and Adolescent Psychiatry (AACAP), the National Institute for Mental Health (NIMH), and The American Psychiatric Association (APA) Guidelines on Antipsychotic Drug Use on the provider website and include these resources in provider newsletters; and
- determine the prescribers of antipsychotic medications for children and adolescents, contact and educate these physicians where needed.

Member interventions:

- generate monthly reports to identify members who have been prescribed antipsychotic medications and conduct outreach;
- develop and mail a member educational resource packet;
- Develop and send materials, including: a letter, an educational brochure/sheet, Krames on Demand educational materials, and a 24-Hour Nurse Line brochure.
- conduct telephone outreach to members' parents 3–5 days after the resource packet is sent;
- develop and implement a member outreach tracking tool to capture outreach efforts; and
- post information on the member website and in member newsletters.

Health plan interventions:

- create a tracking system for member outreach and education details; and
- conduct outreach to pharmacies and solicit input on issues related to use of antipsychotics in children and adolescents.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: a strong rationale supported by literature citations, national data, regional data, Medicaid-specific data, and historical plan data and that interventions target members, providers, and the health plan, and relate to the barrier analysis.

Opportunities for Improvement

Key opportunities for improvement are that the MCO needs to: determine performance goals once baseline data is available and use the data from the Member Outreach Tracking as process measures.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

CoventryCares of Kentucky 2015 PIP: Increasing Comprehensive Diabetes Testing and Screening

Status: Proposal

Proposal Submitted: 8/31/14

Revised: 12/15/14

Study Topic Selection

Coventry's 2015 physical health PIP topic is increasing diabetes testing and screening. The objective of the PIP is to answer the following questions:

- Will provider and member education and reminders:
 - improve rates for HbA1c testing?
 - improve rates for dilated retinal exams?

The PIP indicator is:

- HEDIS® Comprehensive Diabetes Care.

Interventions/Improvement Strategies

The MCO has planned the following interventions:

Provider interventions:

- issue PCP reminders for diabetes screening and testing;
- offer patient education materials to providers;
- post and maintain current American Diabetes Association (ADA) clinical practice guidelines the provider website; and
- develop and distribute a comprehensive diabetes tip sheet based on HEDIS® requirements.

Member interventions:

- send targeted educational materials to members identified as non-compliant with testing/screening;
- publish a member newsletter article on the importance of diabetic screenings;
- develop an educational brochure and a diabetes tip sheet for members;
- provide an educational seminar on lifestyle, screening, and monitoring for diabetes;
- create a diabetes education packet for members enrolled in CM; and
- create a grid of county-specific resources and programs for members.

Health plan interventions:

- create a tracking system for outreach, education and reminders for members with diabetes.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: a rationale that is supported by national, statewide, regional, Medicaid specific, and benchmarked MCO-level data, a strong basis for the performance targets; and interventions that relate to the barrier analysis and target members, providers, and the health plan processes.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: correct the PIP timeline, describe the interventions in more detail, and develop process measures in order to track the progress and success of the major interventions.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

Humana-CareSource Performance Improvement Projects 2013–2014

Humana-CareSource 2014 PIP: Untreated Depression

Status: Baseline

Proposal Submitted: 8/30/13

Revised: 1/30/14

Baseline Submitted: 8/30/14

Study Topic Selection

Humana's 2015 behavioral health PIP topic was untreated depression. The objective of the PIP was to answer the following questions:

- Can Humana-CareSource increase the number of members with depression who remain on an antidepressant medication:
 - during the acute treatment phase, for at least 84 days (12 weeks)?
 - during the continuation treatment phase, for at least 180 days (6 months)?

The PIP indicators were:

- HEDIS® Antidepressant Medication Management (AMM): Effective Acute Phase Treatment, and
- HEDIS® Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment.

The MCO implemented the following interventions:

Provider interventions:

- collaborated with the behavioral health vendor, Beacon Health Strategies, to develop and conduct provider education.

Member interventions:

- developed and mailed a member education article on the role of medication management in treating depression.

Health plan interventions:

- monitored pharmacy refill data for targeted care management member outreach.

Data Analysis and Results

Baseline results are reported in **Table 25**.

Table 25: Humana-CareSource 2014 PIP: Untreated Depression

Indicator	Baseline Results MY 2013	Performance Target
HEDIS® AMM – Effective Acute Phase Treatment	26.83%	Increase by 10% (29.51%)
HEDIS® AMM – Effective Continuation Phase Treatment	13.41%	Increase by 10% (14.75%)

MY: measurement year; AMM: Antidepressant Medication Management.

Achievement of Improvement

Not applicable. The interim results will be reported in September 2015.

Strengths

Key strengths include: the MCO is working with external collaborators and the rationale is well-developed and supported by MCO-specific, national, and global statistics.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: revise the aim statement/study question to include a description of the interventions, define the numerator and denominator for the medical record audit measures more fully; and consider adding process measures to track the interventions.

Overall Credibility of Results

There were no validation findings to indicate that the credibility of the PIP is at risk. Only baseline results have been reported.

Humana-CareSource 2014 PIP: Emergency Department Use Management

Status: Baseline

Proposal Submitted: 8/30/13

Revised: 1/30/14

Baseline Submitted: 8/30/14

Study Topic Selection

Humana's 2014 physical health PIP topic was management of ED use. The objective of the PIP was to answer the following questions:

- Can Humana-CareSource decrease the number of ED visits by Medicaid members?
- Can Humana-CareSource reduce the number of members/1,000 who incur \geq four (4) ED visits annually?

The PIP indicators are:

- the number of ED visits during the measurement year, and
- the number of members who incurred \geq 4 ED visits during the measurement year.

The MCO implemented the following interventions:

Provider interventions:

- conducted PCP education programs on standards for timely access to care;
- published provider newsletter articles related to PCP access standards;
- disseminated information related to access to care and ED lock-in; and
- exploring the development of a provider education webinar on ED utilization.

Member interventions:

- initiated case management and self-management education programs targeted at members with \geq 4 ED visits per year;
- published member newsletter articles and distributed educational mailings on appropriate use of the ED;
- disseminated information on appropriate sites of care for routine, urgent, and emergency treatment;
- maintained a 24/7 Nurse Triage phone line to direct members seeking care to the appropriate site;
- conducted outreach to high-utilizer members that used the ED for non-urgent or routine care; and
- developed member education materials on how to manage common non-emergent conditions/symptoms.

Health plan interventions:

- retained a vendor to conduct a "Secret Shopper" survey to assess PCP after-hours availability;
- implemented interventions to address the issues identified by the survey;
- developed a report to identify primary and secondary diagnoses for high-ED utilizers;
- referred high-ED utilizers to care management; and
- exploring collaboration with local Emergency Medical Services (EMS) for an ED diversion program.

Data Analysis and Results

Baseline measurement data is reported in **Table 26**.

Table 26: Humana–CareSource 2014 PIP: Emergency Department Use Management

Indicator	Baseline Results MY 2013	Performance Target
ED Visits/1,000 Members	501.4/1,000 members	5% reduction (476.33/1,000 members)
Members with ≥ 4 ED Visits/1,000 Members	26.29/1,000 members	5% reduction (24.98/1,000 members)

MY: measurement year; ED: Emergency Department.

Achievement of Improvement

Not applicable. The interim results will be reported in September 2015.

Strengths

Key strengths include: collaboration with provider groups and EMS; well-defined interventions that target members, providers, and health plan processes; the MCO is using process measures to track the interventions.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: revise the aim statement/study question to include a description of the interventions; and analyze ED claims to identify the most common diagnoses and member demographics and develop a targeted intervention strategy.

Overall Credibility of Results

There are no validation findings that indicate the credibility of the PIP results is at risk. Only baseline results have been reported.

Humana-CareSource 2015 PIP: Safe and Judicious Antipsychotic Use in Children and Adolescents (Statewide Collaborative)

Status: Proposal

Submitted: 9/8/14

Revised: 12/19/14

Study Topic Selection

Humana’s 2015 behavioral health PIP topic is antipsychotic medication use in children and adolescents. The objective of the PIP is to answer the following questions:

- Can Humana-CareSource use pharmacy and medical management databases to:
 - decrease the percentage of children and adolescents on higher-than-recommended of antipsychotic medications?
 - decrease the percentage of children and adolescents on two or more concurrent antipsychotic medications?
 - increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who receive first-line psychosocial care?
 - increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have at least one follow-up visit?
 - increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have baseline metabolic screening?
 - increase the percentage of children and adolescents on who antipsychotic medications who had metabolic testing?
- Can Humana-CareSource use provider education strategies to:
 - decrease the use of higher-than-recommended doses and multiple concurrent antipsychotics in children and adolescents?

- increase metabolic screening and monitoring for children and adolescents on antipsychotics?
- Can Humana-CareSource use letters to parents/guardians to:
 - increase the use of first-line psychosocial care for children and adolescents on antipsychotics?
 - increase the rate of follow-up visits for children and adolescents on antipsychotics?

The PIP indicators are the following six HEDIS® and proposed HEDIS® indicators, as directed by DMS:

- HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC),
- HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP),
- HEDIS® Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM),
- proposed HEDIS® measure: Metabolic Screening for Children and Adolescents on Antipsychotics,
- proposed HEDIS® measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents, and
- proposed HEDIS® measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO plans to implement the following interventions:

Provider interventions:

- distribute quarterly performance profile reports to prescribers;
- review and implement prior authorization edits for higher-than-recommended doses of antipsychotics and multiple concurrent antipsychotics;
- develop a web-based network to issue notifications for higher-than-recommended doses of antipsychotics and use of multiple concurrent antipsychotics;
- create and distribute a prescriber guideline sheet;
- deliver an educational provider webinar and post it on the provider portal; and
- develop a system that will generate letters with practice recommendations and send to prescribers within 30 days of a new antipsychotic fill.

Member interventions:

- identify and conduct outreach to children and adolescents on antipsychotics who have not received first line psychosocial care;
- conduct targeted outreach to facilitate follow-up appointments for children and adolescents on antipsychotics;
- create a report that identifies children and adolescents with a new antipsychotic medication that do not have metabolic screening and/or monitoring;
- send letters to parents/guardians on the importance of follow-up visits and metabolic screening for children and adolescents on antipsychotics; and
- evaluate children and adolescents on antipsychotics for enrollment in case management.

Health plan interventions:

- utilize State Report #106 to identify the volume per month of youth/children on antipsychotics.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: a strong rationale supported by references to state and national data, health services literature, Medicaid-specific data, and clinical practice guidelines and a creative intervention - the use of prior authorization edits to identify multiple, concurrent antipsychotic prescriptions and higher-than-recommended doses.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: clarify and more fully describe some of the interventions, analyze pharmacy data to determine which provider type(s) are the most common prescribers and which are high-volume prescribers; and analyze the demographic characteristics of the member population.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

Humana-CareSource 2015 PIP: Postpartum Care

Status: Proposal

Submitted: 8/29/2014

Revised: 12/19/2014

Study Topic Selection

Humana's 2015 physical health PIP topic is postpartum care. The objective of the PIP is to answer the following questions:

- Can the use of targeted telephonic/written outreach and education:
 - increase the percentage of members who attend a postpartum visit between 21–56 days post-delivery?
 - increase the percentage of women who receive education on family planning and screening for depression at a postpartum visit?
- Can receipt of a postpartum visit between 21–56 post-delivery decrease the number of members with 60-day re-admissions?

The PIP indicators are:

- HEDIS® Prenatal and Postpartum Care Postpartum Care,
- the percentage of members who receive family planning education and depression screening at the postpartum visit, and
- the number of members with a 60-day postpartum re-admission.

The MCO plans to implement the following interventions:

Provider interventions:

- publish annual provider newsletter articles on postpartum care topics;
- explore producing a provider webinar or continuing education program on preconception and interconception care;
- explore implementation of a provider pay-for-performance program for postpartum measure(s);
- explore conducting a prenatal and postpartum clinical practice guideline (CPG) audit; and
- use the results of the prenatal and postpartum CPG audit to drive additional interventions.

Member interventions:

- produce a twice-annual member newsletter article on prenatal and postpartum care;
- employ an obstetric case manager to work with high-risk pregnant members and oversee postpartum visit outreach for all pregnant members;
- modify the *Babies First* program to address this PIP topic;
- initiate routine mailings at key intervals during pregnancy, including postpartum;
- develop member education materials specific to preconception and interconception care;
- develop targeted education materials for pregnant adolescent members;
- conduct postpartum telephonic outreach to members for postpartum visit education and reminders and to assist with scheduling and transportation (if needed); and
- mail postpartum visit reminder postcards/letters to members.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: the rationale references plan-specific data with benchmarks, health services research, and clinical practice guidelines; the aim statement includes measureable objectives, clearly stated goals, clear and concise study questions; and an intervention strategy that is broad and targets members, providers, and health plan systems.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: continue to identify and address barriers as the PIP progresses; and consider providing direct feedback and coaching at the time of review if the postpartum care CPG audit is conducted.

Overall Credibility of Results

Not applicable. The baseline results will be reported in September 2015.

Passport Health Plan Performance Improvement Projects 2011–2014**Passport Health Plan 2012 PIP: Reduction of Emergency Room Care Rates**

Proposal Submitted: 9/1/11

Revised: N/A

Baseline Report Submitted: 8/31/12

Interim Report Submitted: 8/30/13

Final Report Submitted: 8/30/14

Passport Health Plan's 2012 PIP topic was reducing Emergency Room utilization. The objective of the PIP was to answer the following question:

- Can a multidisciplinary strategy result in decreased Emergency Room utilization?

The PIP indicator is:

- HEDIS® Ambulatory Care: Emergency Department Visits.

The MCO implemented the following interventions:

Provider interventions:

- distributed quarterly reports of members identified as having ≥ 8 ER visits in 12 months;
- stationed ER Navigators in several participating hospital ERs;
- educated high-volume PCP sites about the ER Navigator program and ER lock-in program; and
- conducted targeted provider education regarding access issues identified by the ER Navigators.

Member interventions:

- conducted outreach to members identified as presenting to ERs for non-urgent care;
- created member/caregiver education materials about managing non-urgent medical issues;
- implemented an ER Lock-In Program to reduce inappropriate ER utilization;
- referred members with high ER utilization to case management;
- assigned case managers to high-volume practices for care coordination, reducing care gaps, eliminating barriers to care, reducing inappropriate use of the ER, and assisting with follow-up appointments;

- piloted the ER Navigator program to evaluate members, provide education and resources, and help with follow-up appointments;
- initiated on-hold SoundCare messages for members on managing non-urgent medical issues; and
- published member newsletter articles about contacting your PCP to determine the appropriate treatment setting for urgent/emergent health issues.

Data Analysis and Results

Results for the baseline, interim, and the final measurement periods are shown in **Table 27**.

Table 27: Passport Health Plan 2012 PIP: Reduction of Emergency Room Care Rates

Indicator	Baseline Results	Interim Results	Final Results	Increase/ Decrease	Performance Target
	Rate MY 2011	Rate MY 2012	Rate MY 2013		
Emergency Room Visits ¹	74.89/1,000 MM ²	81.3/1,000 MM	76.23/1,000 MM	↓5.07	68.01 ³ 72.40 ³

¹A lower rate indicates better performance.

²Note that the MCO initially reported a baseline rate of CY 2010, 70.35 in September 2012, but this was corrected to CY 2011, 74.89 in the September 2013 report.

³The performance target reported in September 2012 was 68.01. Using the baseline rate (74.89), the performance target was revised to 72.40 in the September 2013 report.

MY: measurement year; MM: member months; ↑: increase in rate; ↓: decrease in rate.

Achievement of Improvement

The plan did not achieve improvement relative to the baseline (**Table 27**). However, after an increase from baseline to interim measurement (a lower rate is better), there was a subsequent decline in the final rate (though it was still above the baseline rate). The MCO did not achieve its goal of 72.40/1,000 MM; however, it was reported that the ER Lock-In Program decreased overall ER utilization and non-urgent emergency room visits for members in the ER Lock-In Program by 87%.

Strengths

Key strengths of the PIP include: the topic, which presents an important opportunity for improvement; a strong, well supported rationale; and a strong intervention strategy which addressed providers, members, and stakeholders.

Opportunities for Improvement

A key opportunity for improvement is that the MCO should: evaluate and modify the intervention strategy in an effort to achieve improvement; stratify the ED visits by diagnosis code to determine if rates for any of the targeted conditions declined despite the lack of improvement in overall ED utilization.

Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

The project score for the final PIP report is presented in **Table 28**.

Table 28: Passport Health Plan 2012 PIP: Reduction of Emergency Room Care Rates – Final Score

Review Element	Compliance Level	Points Earned	Points Available
Review Element 1 – Project Title, Type, Focus Area	Partially met	2.5	5
Review Element 2 – Topic Relevance	Met	5	5
Review Element 3 – Quality Indicator(s)	Met	15	15
Review Element 4 – Baseline Study and Analysis	Met	10	10
Review Element 5 – Baseline Study Population and Measurement	Met	10	10
Review Element 6 – Interventions	Met	15	15
Review Element 7 – Demonstrable Improvement	Partially met	10	20
Total Score at Interim Measurement	Met	67.5	80
Review Element 1S – Subsequent or Modified Interventions	Met	5	5
Review Element 2S – Sustained Improvement	Not met	0	15
Total Score at Final Measurement	Met	5	20
Overall Project Score	Met	72.5	100

Passport Health Plan 2012 PIP: Reduction of Inappropriately Prescribed Antibiotics in Children with Pharyngitis and Upper Respiratory Infections

Proposal Submitted: 9/1/11

Revised: N/A

Baseline Report Submitted: 8/31/13

Interim Report Submitted: 8/30/13

Final Report Submitted: 8/30/14

Passport Health Plan's 2012 PIP topic was reducing inappropriately prescribed antibiotics for children with pharyngitis and URI. The objective of the PIP was to answer the following questions:

- Can a multidisciplinary strategy targeting appropriate use of antibiotics for URI and pharyngitis:
 - increase provider adherence to clinical practice guidelines?
 - decrease inappropriate prescribing of antibiotics?
 - minimize unnecessary pharmaceutical costs?
 - improve the overall health and quality of life of members by decreasing antibiotic resistance?

The PIP indicators are:

- HEDIS® Appropriate Treatment for Children with Upper Respiratory Infections (URI), and
- HEDIS® Appropriate Testing for Children with Pharyngitis (CWP).

The MCO implemented the following interventions:

Provider interventions:

- developed clinical practice guidelines (CPGs) for viral upper respiratory infection and pharyngitis and posted on the provider website;
- distributed letters on appropriate diagnosis and treatment of URIs to providers who prescribed an antibiotic inappropriately;
- developed quick reference guides for appropriate antibiotic use for pharyngitis and URI and posted on the provider website;
- collaborated with the pharmacy department to conduct provider outreach/education on appropriate antibiotic usage; and
- conducted a medical record audit for providers who prescribed antibiotics inappropriately.

Member interventions:

- created education materials about appropriate antibiotic use and distributed at local health events;
- implemented on-hold SoundCare messages and published member newsletter articles on appropriate antibiotic usage; and
- mailed an educational booklet on appropriate use of antibiotics to members who were prescribed an antibiotic inappropriately.

Data Analysis and Results

Results for the baseline, interim, and the final measurement periods are shown in **Table 29**.

Table 29: Passport Health Plan 2012 PIP: Reduction of Inappropriately Prescribed Antibiotics

Indicator	Baseline Results	Interim Results	Final Results	Increase/ Decrease	Performance Target
	Rate MY 2011	Rate MY 2012	Rate MY 2013		
Appropriate treatment for children with URI	73.83%	77.74%	81.34%	↑3.60	75.84%
Appropriate testing for children with pharyngitis	72.51%	73.57%	80.54%	↑6.97	77.16%

MY: measurement year; URI: upper respiratory infection; ↑: increase in rate; ↓: decrease in rate.

Achievement of Improvement

The MCO achieved improvement relative to the baseline for both performance indicators (**Table 29**). For the measure Appropriate Treatment for Children with Upper Respiratory Infections, the rate improved from baseline to final measurement by 7.51 percentage points, exceeding the goal of 75.84%. For the measure Appropriate Testing for Children with Pharyngitis, the total improvement from baseline to final measurement was 8.03 percentage points, exceeding the goal of 77.16%.

Strengths

Key strengths include: a clear study question that addresses both health outcomes and cost of care; a rationale supported by literature citations, national statistics, and MCO-specific data for quality, costs, and utilization; and the rates for both indicators improved and exceeded goals.

Opportunities for Improvement

Key opportunities for improvement are that the member interventions were generally passive in nature and the MCO should have used process measures to evaluate the interventions' progress and effectiveness.

Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

The project score for the final PIP report is presented in **Table 30**.

Table 30: Passport Health Plan 2012 PIP: Reduction of Inappropriately Prescribed Antibiotics – Final Score

Review Element	Compliance Level	Points Earned	Points Available
Review Element 1 – Project Title, Type, Focus Area	Met	5	5
Review Element 2 – Topic Relevance	Met	5	5
Review Element 3 – Quality Indicator(s)	Met	15	15
Review Element 4 – Baseline Study and Analysis	Met	10	10
Review Element 5 – Baseline Study Population and Measurement	Met	10	10
Review Element 6 – Interventions	Partially met	7.5	15
Review Element 7 – Demonstrable Improvement	Met	20	20
Total Score at Interim Measurement	Met	72.5	80
Review Element 1S – Subsequent or Modified Interventions	Met	5	5
Review Element 2S – Sustained Improvement	Met	15	15
Total Score at Final Measurement	Met	20	20
Overall Project Score	Met	92.5	100

Passport Health Plan 2014 PIP: Psychotropic Drug Intervention Program (PDIP)

Status: Baseline

Proposal Submitted: 8/30/13

Revised: 12/9/13

Baseline Submitted: 8/29/14

Study Topic Selection

Passport Health Plan's 2014 behavioral health PIP topic was management of psychotropic medications. The objective of the PIP was to answer the following questions:

- Can identifying and educating members and prescribers:
 - increase medication adherence?
 - reduce polypharmacy?
 - improve therapeutic dosing of psychotropic medications (selective serotonin reuptake inhibitors [SSRIs] and serotonin/norepinephrine reuptake inhibitors [SNRIs])?

The PIP indicators are:

- HEDIS® Antidepressant Medication Management (AMM): Effective Acute Treatment Phase,
- HEDIS® Antidepressant Medication Management (AMM): Continuation Treatment Phase,
- Medication Possession Ratio (MPR),
- SSRI and SNRI medication adherence,
- members on less than usual therapeutic doses of SSRI and SNRI medications, and
- poly-pharmacy: duplicative prescriptions for psychotropic drugs from one or more prescribers.

The MCO implemented the following interventions:

Provider interventions:

- initiated an on-call psychiatrist phone line to assist with medications and dosing;
- conducted provider outreach about medication adherence, polypharmacy, and suboptimal dosing via mail, phone, fax, email, and automated messages; and
- used physician profiles for on-site education about appropriate SSRI/SNRI use.

Member interventions:

- sent mailings about medication adherence to identified members;
- used member newsletter and on-hold SoundCare messages to educate members on how to take medications safely;
- educated members to not discontinue psychotropic medications without speaking with the doctor;
- conducted member outreach during inpatient discharge planning with follow-up after discharge; and
- developed a member outreach program for members newly prescribed antidepressant medications (Beacon Health Strategies).

Health plan interventions:

- educated all Quality Committees about the program and resources.

Data Analysis and Results

Results for the baseline measurement period are reported in **Table 31**.

Table 31: Passport Health Plan 2014 PIP: Psychotropic Drug Intervention Program

Indicator	Baseline Results	Performance Target ¹
	MY 2013	
Medication Adherence: SSRIs and SNRIs	NR	Increase 10%/ Increase by 20%
Polypharmacy (single and multi-class)	NR	Increase by 10%/ Decrease by 75%
Suboptimal dosing	NR	Improve by 10% Decrease by 90%
Medication Possession Ratio (MPR)	NR	Increase 10%/ Increase by 20%
HEDIS® AMM – Acute Phase	NR	Increase 10%
HEDIS® AMM – Continuation Phase	NR	Increase 10%

¹The MCO identified two performance targets for each of the performance measures in different sections of the report. The performance targets need to be clarified.

MY: measurement year; AMM: Antidepressant Medication Management; NR: not reported.

Achievement of Improvement

Not applicable. The interim results will be reported in September 2015.

Strengths

Key strengths include: the focus of the PIP, psychotropic medications, is an area with substantial opportunity for improvement and has the potential to make a large, positive impact on the health and well-being of members with behavioral health conditions.

Opportunities for Improvement

Key opportunities include that the MCO should: align the indicators with the rationale/objectives so that there is an indicator associated with each objective; remove the data on First and Second Generations Antipsychotics (FGAs/SGAs) from the rationale as the PIP does not focus on these drugs; clarify which drugs are the focus of the PIP; ensure that the indicator statements are fully described with all operational terms and denominator and numerators definitions; clarify which drugs will be assessed for the single and multi-class polypharmacy measures; address the data sources, data collection methods, and efforts to ensure reliability and validity; and clarify the performance targets for each of the indicators.

Overall Credibility of Results

As reported by the MCO, data integrity issues occurred; therefore, results must be analyzed with caution until the issues are identified and resolved and/or addressed.

Passport Health Plan 2014 PIP: You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan

Status: Baseline

Proposal Submitted: 8/30/13

Proposal Revised: 12/9/13

Baseline Submitted: 8/29/14

Study Topic Selection

Passport Health Plan's 2014 physical health PIP topic was development and implementation of asthma action plans for members with persistent asthma. The objective of the PIP was to answer the following question:

- Can identifying high-risk members with asthma, conducting member education, and developing and implementing an asthma action plan decrease utilization of higher levels of care?

The PIP indicators are:

- rate of ER visits with a primary diagnosis of asthma,
- rate of inpatient admissions with a primary diagnosis of asthma,
- rate of 30-day re-admissions with a primary diagnosis of asthma,
- rate of 23-hour observations with a primary diagnosis of asthma,
- rate of appropriate pharmaceutical management/medication adherence: average number of prescriptions filled per member for [medication(s) not defined],
- rate of members reporting an increase in self-management skills at intervals of 6, 9, and 12 months after implementation of an asthma action plan, and
- member perception of health status and quality of life: SF-12 scores.

The MCO implemented the following interventions:

Provider interventions:

- embedded care managers in high-volume pediatric sites to conduct provider and member education;
- issued care gap reports to notify providers of members' needs;
- conducted provider education about asthma action plans and coordination of care for high-risk asthma patients; and
- disseminated information including care plans and asthma action plans for members enrolled in disease management (DM).

Member interventions:

- developed asthma assessment tools;
- educated members via newsletters, on-hold SoundCare messages, and the MCO website;
- conducted one-on-one care coordination in the Chronic Respiratory DM program;
- developed an asthma action plan/member education program and conducted outreach and education;
- distributed a member education packet and asthma assessment form to members newly diagnosed with asthma;
- developed relationships with EDs and ED Navigators for direct referrals to asthma DM programs;
- utilized the Rapid Response Outreach Team (RROT) to assist members with urgent asthma issues;
- collaborated with the Community Outreach Department on community events; and
- plan to conduct outreach to members regarding medication adherence.

Health plan interventions:

- developed and implemented an asthma predictive modeling tool;
- obtained input from Child and Adolescent Committee members;
- investigated collaborating and embedding care managers at two additional high-volume practices;
- will evaluate the following:
 - collaborating with the Mommy Steps Program to target pregnant members with asthma;
 - collaborating with the Department of Health (DOH) on Environmental Protection Agency (EPA)/home environment assessments;
 - using the Program Advisory Committee to assist in review and implementation of interventions; and
 - initiating telemonitoring to assist members with compliance, evaluate health status, and assess quality of life.

Data Analysis and Results

Results for the baseline measurement period are reported in **Table 32**.

Table 32: Passport Health Plan 2014 PIP: Development and Implementation of an Asthma Action Plan

Indicator	Baseline Results ¹ MY 2013	Performance Target
Number of ER visits for asthma (ages 5–20)	1,714	NR
Number of ER visits for asthma (ages 21+)	401	NR
Number of 23-hour OBS for asthma (ages 5–20)	NR	NR
Number of 23-hour OBS for asthma (ages 21+)	NR	NR
Number of IP admissions for asthma (ages 5–20)	140	NR
Number of IP admissions for asthma (ages 21+)	23	NR
Number of IP ICU admissions for asthma (ages 5–20)	NR	NR
Number of IP ICU admissions for asthma (ages 21+)	NR	NR
Number of 30-day re-admissions for asthma (ages 5–20)	7	NR
Number of 30-day re-admissions for asthma (ages 21+)	0	NR
Number of OP visits for asthma (ages 5–20)	1,315	NR
Number of OP visits for asthma (ages 21+)	1,192	NR
Number of PCP visits for asthma (ages 5–20)	1,997	NR
Number of PCP visits for asthma (ages 21+)	627	NR
Number of SPEC visits for asthma (ages 5–20)	2,060	NR
Number of SPEC visits for asthma (ages 21+)	387	NR
Number of prescriptions filled for asthma (ages 5–20)	26,677	NR
Number of prescriptions filled for asthma (ages 21+)	25,975	NR

¹Because the indicators were not constructed correctly, only the numbers of visits are reported here.

MY: measurement year; ER: Emergency Room; OBS: observation stay; IP: inpatient; ICU: Intensive Care Unit; OP: outpatient; PCP: primary care provider; SPEC: specialist NR: not reported.

Achievement of Improvement

Not applicable. The interim results will be reported in September 2015.

Strengths

Key strengths include: the PIP topic, better control of asthma, has the potential to make a large impact on the health and well-being of members with asthma; the PIP can potentially reduce utilization of the ED and inpatient use for

asthma; and plans for assessment of current interventions, continuing interventions, and implementing new interventions.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: align the study aims/objectives, performance indicators, interventions, and process measures; prioritize the objectives and the associated indicators (there are too many); define the utilization indicators to ensure that they apply to all members with persistent asthma and not only measure the average number of encounters among members with encounters; correctly describe and define the eligible population(s), denominator(s), and numerator(s); define the specialist types; define the medications; develop aggregate/population measures for quality of life and self-management skills or remove these indicators; state the data source(s) and methods to ensure validity and reliability; and fix the scales on the results graphs or present the data in tables.

Overall Credibility of Results

There are one or more validation findings that indicate a bias in the PIP results. The indicators are not fully defined and may be structured incorrectly. Only baseline data have been reported and not for all indicators.

Passport Health Plan 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Proposal

Submitted: 9/5/14

Revised: 1/16/15

Study Topic Selection

Passport Health Plan's 2015 behavioral health PIP topic is use of antipsychotics in children and adolescents. The objective of the PIP is to answer the following questions:

- Will a multidisciplinary strategy targeting appropriate prescribing and effective management of antipsychotics in children and adolescents:
 - decrease the use of higher-than-recommended doses of antipsychotics?
 - decrease the use of multiple concurrent antipsychotics?
 - increase the use of first-line psychosocial care for children and adolescents on antipsychotics?
 - increase the percentage of follow-up visits for children and adolescents on antipsychotics?
 - increase metabolic screening for children and adolescents newly on antipsychotics?
 - increase metabolic monitoring for children and adolescents on antipsychotics?

The PIP indicators are the following six HEDIS® and proposed HEDIS® indicators, as directed by DMS:

- HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC),
- HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP),
- HEDIS® Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM),
- proposed HEDIS® measure: Metabolic Screening for Children and Adolescents on Antipsychotics,
- proposed HEDIS® measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents, and
- proposed HEDIS® measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO plans to implement the following interventions:

Provider interventions:

- obtain feedback and input from QI Committees and the PCP Workgroup to guide interventions;
- adopt clinically relevant clinical practice guidelines for the use of antipsychotics in children and adolescents and disseminate them via the MCO website, e-mail, and mailings;
- develop and distribute a pocket guide for use of antipsychotics per guidelines;

- determine barriers to providers use of the 1-800 psychiatrist hotline and develop associated interventions;
- identify members not receiving first-line psychosocial therapy and metabolic screening and monitoring; and
- participate in the Bingham Child Guidance Center pilot program for telehealth and integration of mental health and primary care at rural pediatric offices in rural areas.

Member interventions:

- develop member education materials on antipsychotics with input from the Quality and Member Access Committee (QMAC);
- conduct telephone and mail outreach to educate members/caregivers about antipsychotic medications;
- initiate telephonic outreach to members/caregivers having difficulty accessing psychiatric care and resources;
- utilize behavioral health case managers to outreach and assist members/caregivers concerned with the stigma of behavioral health conditions;
- engage school-based liaisons and develop partnerships with school systems for members' behavioral health treatment plans; and
- for foster children, use the MCO foster care liaison to collaborate with the Department for Community Based Services (DCBS) in assisting members having difficulty accessing psychiatric care.

Health plan interventions:

- conduct a focus group with the PCP Quality Committee to inform the development of tools and education materials to assist PCPs with prescribing and monitoring antipsychotics;
- identify members with multiple, concurrent and/or higher-than-recommended doses of antipsychotics and educate prescribing providers; and
- monitor treatment plans for compliance with clinical practice guidelines for antipsychotic use.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: the topic and rationale are supported by references to the American Academy of Child and Adolescent Psychiatry (AACAP), state Medicaid data, MCO-specific data, concerns of the MCO's committees and providers; the barrier analysis is based on data and information from providers and members; and the intervention strategy is broad, multi-faceted, and based on direct input from providers and incorporates collaboration with other organizations.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: clarify how members with difficulty accessing psychiatric care and with concerns about stigma will be identified and update the intervention timeframes with the specific time periods when the interventions are implemented.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

Passport Health Plan 2015 PIP: Reducing Re-Admission Rates of Postpartum Users

Status: Proposal

Submitted: 8/29/14

Revised: 1/5/15

Study Topic Selection

Passport Health Plan's 2015 physical health topic is reducing postpartum re-admissions. The objective of the PIP is to answer the following question:

- Will a multidisciplinary strategy of provider and member interventions:
 - increase the rate of postpartum visits between 21–56 days postpartum?
 - decrease the rate of postpartum re-admissions between 14 and 30 days after delivery discharge?

The PIP indicators are:

- the proportion of members compliant with a postpartum visit at any time after delivery,
- the proportion of members compliant with a postpartum visit within 21–56 days after delivery,
- the proportion of members who do not have any postpartum visit after delivery,
- the proportion of members who are readmitted within 30 days post-delivery discharge,
- the proportion of members who are readmitted within 30 days post-delivery discharge with the #1 re-admission diagnosis,
- the proportion of members who are readmitted within 30 days post-delivery with the #2 re-admission diagnoses,
- the proportion of members who are readmitted within 30 days post-delivery with the #3 re-admission diagnoses, and
- the proportion of members who are readmitted within 30 days post-delivery with the #4 re-admission diagnoses.

The MCO plans to implement the following interventions:

Member interventions:

- develop on-hold SoundCare messages on the importance of postpartum visits;
- conduct a barrier assessment as part of each member outreach;
- investigate and address transportation difficulties;
- develop postpartum education materials that specifically address the importance of postpartum visits for specific member groups (e.g., multi-parous women);
- investigate collaborating with all facilities to include postpartum care education and postpartum visit scheduling in the routine discharge process; and
- investigate collaborating with substance abuse agencies to engage pregnant and postpartum members with substance abuse problems.

Provider interventions:

- investigate methods of getting timely and accurate delivery information from all facilities;
- recruit an ob/gyn Medical Director to focus on improving birth outcomes, including maternal morbidity and mortality;
- conduct retrospective hospital record review to determine if members who had re-admissions were discharged prematurely;
- implement a provider recognition program for OB specialists based on postpartum care;
- create and distribute OB care gap reports of delivered members in need of and eligible for a postpartum visit;
- develop and distribute provider resources and tools to include with gap reports;
- instruct providers to educate patients about postpartum follow-up at the time of delivery;
- instruct providers to implement a “no show process” for members who miss their postpartum visit;

- revise the perinatal clinical practice guidelines audit tool to include assessment of postpartum care; and
- investigate establishing an MCO notification requirement for delivery payments to prompt facilities to notify the MCO of deliveries.

Strengths

Key strengths include: the topic and rationale are well supported by references to scientific literature, national statistics, clinical practice guidelines, the statewide focused study, and MCO performance against benchmarks; there are both outcome and PMs with quantitative goals; and ongoing barrier analysis is planned.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: fully define the term “deliveries with complications”; include specific intervention start and end dates when available; add n’s in the results graphs for postpartum re-admissions rates; describe the procedures and methods for ensuring reliability and validity for the non-HEDIS® indicators; and develop a measurable method to assess “increasing provider engagement”.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

WellCare of Kentucky Performance Improvement Projects 2012–2014

WellCare of Kentucky 2013 PIP: Utilization of Behavioral Health Medication in Children

Status: Interim

Proposal Submitted: 9/1/12

Revised: 3/20/13, 7/2/13

Baseline Submitted: 9/1/13

Interim Submitted: 9/1/14

Study Topic Selection

WellCare of Kentucky’s 2013 behavioral health PIP topic was use of psychotropic medications in the pediatric population. The objective of the PIP was to answer the following questions:

- Can implementation of robust PCP and member interventions:
 - increase the frequency of assessment and diagnosis prior to prescribing psychotropic medications?
 - improve the management and treatment of behavioral health disorders and psychotropic medication use in the pediatric population?

The PIP indicators are:

- the percentage of members with a diagnosis of ADHD who have been prescribed an ADHD medication; and
- the percentage of members who have the recommended follow-up visits after initiation of ADHD medication.

The MCO implemented the following interventions:

Provider interventions:

- developed provider toolkits to assist with diagnosis, treatment, and management of ADHD;
- distributed toolkits to all PCPs via the website and during Provider Relations/QI staff visits;
- identified PCP prescribers with high numbers of members that lacked follow-up visits and medication adherence, and conducted performance feedback and site visits; and
- sent letters to prescribers whose panel members were dispensed ADHD medications and lacked follow-up visits and prescription refills.

Member interventions:

- developed and distributed member education materials to members dispensed ADHD medications; and
- sent letters to members/guardians who were dispensed ADHD medications and did not have follow-up visits and prescriptions refills.

Health plan interventions:

- trained the Provider Relations and case management teams on ADHD prescribing patterns and the provider toolkit; and
- provider Relations and case management staff will distribute toolkits during routine and ad hoc contacts/visits.

Data Analysis and Results

Results for the baseline period are shown in **Table 33**.

Table 33: WellCare of Kentucky 2013 PIP: Utilization of Behavioral Health Medication in Children

Indicator	Baseline Results	Interim Results	Performance Target
	MY 2012	MY 2013	
Members who were dispensed ADHD medication and had an ADHD diagnosis	85.70%	87.90%	88.70%
Members who were dispensed ADHD medication who had ≥ 2 follow-up visits	71.60%	75.10%	76.60%

MY: measurement year, ADHD: attention deficit hyperactivity disorder.

Achievement of Improvement

Some improvement was achieved (**Table 33**). The rate for indicator #1, the proportion of members who were dispensed an ADHD medication and had an ADHD diagnosis, increased by 2.2 percentage points. The rate for indicator #2, the proportion of members who were dispensed an ADHD medication and had at least 2 follow-up visits, increased by 3.5 percentage points.

Strengths

Key strengths include: focusing on pediatric behavioral health care; a strong rationale with multiple literature citations and data related to MCO member population; clearly defined indicators with specific criteria for member age, diagnoses, and medications; and achieving improvement for both indicators.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: explore additional barriers to members' obtaining follow-up visits and medication refills, such as lack of transportation and develop process indicators to evaluate the progress and success of interventions. The MCO should also note that the indicator for the presence of an ADHD diagnosis when ADHD medication is dispensed may measure only coding practices and not adequately assess providers' assessment and diagnosis of ADHD.

Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution as the performance indicator may reflect ADHD coding practices rather than appropriate assessment and diagnosis procedures.

WellCare of Kentucky 2013 PIP: Inappropriate Emergency Department Utilization

Status: Interim

Proposal Submitted: 9/1/12

Revised: 1/4/13

Baseline Submitted: 9/1/13

Interim Submitted: 9/1/14

Study Topic Selection

WellCare of Kentucky's 2013 physical health PIP topic was inappropriate ED utilization. The objective of the PIP was to answer the following question:

- Does implementation of robust member and provider interventions decrease members' use of the ED for non-urgent conditions?

The PIP indicators were:

- HEDIS® Ambulatory Care: Emergency Department Visits (AMB-ED),
- HEDIS® Children and Adolescents' Access to Primary Care Practitioners (CAP),
- the top-ten ED diagnoses,
- the number of members diverted from the ED by the 24-hour Nurse Triage Line, and
- the number of members who require case management outreach for having ≥ 6 ED visits.

The MCO implemented the following interventions:

Provider interventions:

- implemented the Prudent Layperson Standard; and
- identified PCPs with high numbers of ED utilizers and conducted targeted outreach and issued High-ED Utilizer Reports.

Member interventions:

- identified members with high ED utilization and conducted targeted telephonic outreach;
- promoted the 24/7 Nurse Triage Line;
- developed and distributed member educational materials on appropriate treatment of pediatric non-urgent conditions; and
- published a member newsletter article on participating urgent care center locations.

Health plan interventions:

- evaluated and corrected provider data and member assignments where needed.

Data Analysis and Results

Results for the baseline period are shown in **Table 34**.

Table 34: WellCare of Kentucky 2013 PIP: Inappropriate Emergency Department Utilization

Indicator	Baseline Results	Interim Results	Performance
	MY 2012	MY 2013	Target
HEDIS® Children's and Adolescents' Access to Primary Care Practitioners (Ages 12–24 months)	97.72%	98.07%	QC 90 th Percentile
HEDIS® Children's and Adolescents' Access to Primary Care Practitioners (Ages 25 Months–6 Years)	93.61%	93.02%	QC 90 th Percentile
HEDIS® Children's and Adolescents' Access to Primary Care Practitioners (Ages 7–11 Years)	NR ¹	97.47%	QC 90 th Percentile
HEDIS® Children's and Adolescents' Access to Primary Care Practitioners (Ages 12–19 Years)	NR ¹	96.45%	QC 90 th Percentile
HEDIS® Ambulatory Care – ED Visits ²	86.85/1,000 MM	83.58/1,000 MM	QC 50 th Percentile

¹A rate could not be reported for CY 2012 as continuous enrollment criteria were not met for any members in these age groups.

²A lower rate indicates better performance.

MY: measurement year; QC: Quality Compass®; NR: not reported; MM: member months; ED: Emergency Department.

Achievement of Improvement

Improvement varied across the indicators (**Table 34**). For HEDIS® Children and Adolescents' Access to Primary Care Practitioners (AAP), the rate improved slightly for one age group (12–24 months), declined for another (25 months–6 years) and could not be evaluated for two age groups (7–11 years and 12–19 years) as the rates for CY 2012 could not be reported. The rate for HEDIS® Ambulatory Care – ED Visits (AMB-ED) improved by 3.27/1,000 MM (a lower rate is better). As far as meeting or exceeding goals, performance for AAP for ages 12–24 months and 25 months–6 years neared but did not reach the 90th percentile goal; rates for ages 7–11 years and 12–19 years (first year reporting) exceeded the 90th percentile; and the interim rate for AMB – ED was far above the 50th percentile (a lower rate is better).

Strengths

Key strengths include: the topic ED utilization impacts both quality and cost of care and is a significant challenge in serving the Medicaid population; the rationale is supported by multiple literature citations and uses data to demonstrate relevance to the MCO's membership; and charts provide a very effective presentation of the project rationale.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: clarify how a change in hospital reimbursement will impact members' going to the ED, as this will not be a deterrent for members; identify top diagnoses for high-utilizers and overall high-volume diagnoses and assess which are contributing most to ED utilization, then use this information to inform intervention development; consider collaborating with hospitals/EDs to receive concurrent notification of members' ED visits.

Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk.

WellCare of Kentucky 2014 PIP: Management of Chronic Obstructive Pulmonary Disease

Status: Baseline

Proposal Submitted: 9/1/13

Revised: 12/09/13

Baseline Submitted: 9/1/14

Study Topic Selection

WellCare of Kentucky's 2014 physical health PIP topic was management of chronic obstructive pulmonary disease (COPD). The objective of the PIP was to answer the following questions:

- Can robust interventions to improve care for members with a new diagnosis of COPD:
 - increase the proportion of members who receive Spirometry testing to confirm diagnosis?
 - increase the proportion of members who receive a systemic corticosteroid medication within 14 days of hospitalization/ED visit for COPD?
 - increase the proportion of members who receive a bronchodilator within 30 days of hospitalization/ED visit for COPD?
- Can robust interventions to improve assessment and management of COPD:
 - decrease 7-day re-admission rates for COPD hospitalizations?
 - decrease 30-day re-admission rates for COPD hospitalizations?

The PIP indicators are:

- HEDIS® Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR),
- HEDIS® Pharmacotherapy Management of COPD Exacerbation (PCE), and
- the proportion of members who receive outreach within 24 hours of discharge from a hospitalization for COPD.

The following additional measures will be tracked:

- re-admission rates within 7 days of discharge from a hospitalization for COPD,
- re-admission rates within 30 days of discharge from a hospitalization for COPD,
- the proportion of facilities requiring education due to 30-day re-admission rates $\geq 11\%$,
- the proportion of PCPs requiring education due to panel members not receiving appropriate COPD medications (corticosteroids or bronchodilators), and
- the proportion of PCPs requiring education due to panel members with a new diagnosis of COPD not receiving spirometry testing.

The MCO implemented the following interventions:

Provider interventions:

- established an interdisciplinary workgroup to address improving care for members with COPD;
- provided information on appropriate diagnosis and treatment for COPD via monthly mailings to targeted facilities;
- distributed information on appropriate diagnosis and treatment for COPD via monthly mailings to targeted providers; and
- generated monthly reports to identify members with a new diagnosis of COPD and no evidence of Spirometry testing and/or who were not prescribed appropriate medications.

Member interventions:

- conducted case management outreach to ensure appropriate discharge plans for members hospitalized for COPD;
- conducted case management outreach to members within one day of discharge; and
- generated monthly lists to identify members with a new diagnosis of COPD and no evidence of Spirometry testing and mailed information about the importance of Spirometry testing.

Health plan interventions:

- designated UM nurses for telephonic consultation to all facilities.

Data Analysis and Results

Results for the baseline period are shown in **Table 35**.

Table 35: WellCare of Kentucky 2013 PIP: Management of Chronic Obstructive Pulmonary Disease

Indicator	Baseline Results	Performance Target
	MY 2013	
HEDIS® Spirometry Testing	NR	NR
HEDIS® PCE Rate: Systematic Corticosteroids	37.13%	QC 50 th Percentile
HEDIS® PCE Rate: Bronchodilators	47.05%	QC 50 th Percentile
7-day hospital re-admission rates	4.57%	2.29%
30-day hospital re-admission rates	18.12%	9.06%

MY: measurement year; NR: not reported; PCE: pharmacotherapy for chronic obstructive pulmonary disease exacerbation; QC: Quality Compass®.

Strengths

Key strengths include: the MCO provided improvement goals for each measure; interventions targeted providers, facilities, members, and the MCO; the MCO provided sample education letters developed for providers and members.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: indicate full year time periods for each measurement period; consider collaborating with GOLD and/or Burden of Obstructive Lung Disease (BOLD) partners across the state; consider conducting follow-up to ensure providers, facilities and members receive the mailed education materials; and consider providing performance feedback to providers and facilities with the education materials.

Overall Credibility of Results

There are no validation findings that indicate the credibility of the PIP results is at risk.

WellCare of Kentucky 2014 PIP: Follow-up After Hospitalization for Mental Illness

Status: Baseline

Proposal Submitted: 9/1/13

Revised: 12/9/13

Baseline Submitted: 9/1/14

Study Topic Selection

WellCare of Kentucky's 2014 behavioral health PIP topic was follow-up after hospitalization for mental illness. The objective of the PIP was to answer the following questions:

- Can robust interventions aimed at improving MCO, provider, and member performance:
 - increase the proportion of members who receive follow-up care within 7 days of discharge?
 - increase the proportion of members who receive follow-up care within 30 days of discharge?
- Can interventions aimed at improving follow-up care for mental illness:
 - decrease 7-day re-admission rates?
 - decrease 30-day re-admission rates?

The PIP indicators are:

- HEDIS® Follow-up After Hospitalization for Mental Illness (FUH),
- the proportion of facilities that score < 80% on medical record audits, and

- the proportion of members outreached within 24 hours of discharge from an acute hospitalization for mental illness.

The MCO implemented the following interventions:

Provider interventions:

- established an interdisciplinary workgroup to analyze barriers to discharge planning and access to care;
- mailed quarterly letters to hospital administrators with facilities' HEDIS® Follow-up After Hospitalization for Mental Illness performance and a list of members lacking 7-day follow-up;
- conducted medical record audits for all high volume inpatient facilities; and
- developed clinical transition of care/discharge planning guidelines.

Member interventions:

- conducted case management outreach to follow-up on after-care appointments within one day of discharge.

Health plan interventions:

- designated a UM coordinator to aid timely communication between the facilities and the UM department and expedite member referrals to behavioral health case management for timely outreach after discharge.

Data Analysis and Results

Results for the baseline period are shown in **Table 36**.

Table 36: WellCare of Kentucky 2013 PIP: Follow-up After Hospitalization for Mental Illness

Indicator	Baseline Results	Performance Target
	MY 2013	
HEDIS® FUH 7-day rate	36.07%	QC 50 th Percentile
HEDIS® FUH 30-day rate	61.79%	QC 50 th Percentile
7-day re-admission rate	5.97%	2.99%
30-day re-admission rate	16.60%	8.3%

MY: measurement year, FUH: follow-up after hospitalization for mental illness; QC: Quality Compass®.

Achievement of Improvement

Not applicable. The interim results will be reported in September 2015.

Strengths

Key strengths include: addressed a vulnerable population with a goal of increasing transitional/follow-up care and preventing re-admissions; incorporated local research (by University of Louisville) in the proposal; and conducted extensive barrier analysis, including with facility administrators.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: consider analyzing data on principle diagnosis, geographic location, and/or other factors to facilitate barrier analysis; consider conducting calls to determine if members kept their scheduled follow-up appointments; and report the process measure results.

Overall Credibility of Results

There are no validation findings that indicate the credibility of the PIP results is at risk.

WellCare of Kentucky 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Proposal

Submitted: 9/1/2014

Revised: 12/23/14

Study Topic Selection

WellCare of Kentucky's 2015 behavioral health PIP topic is use of antipsychotics in children and adolescents. The objective of this PIP is to answer the following questions:

- Do robust interventions aimed at improving MCO, provider and member performance:
 - decrease the proportion of children and adolescents on antipsychotic medications who receive higher-than-recommended doses?
 - decrease the percentage of children and adolescents who are prescribed two or more antipsychotic medications?
 - increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have first-line psychosocial care?
 - increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have one or more follow-up visits?
 - increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have baseline metabolic screening?
 - increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have metabolic monitoring?

The PIP indicators are the following six HEDIS® and proposed HEDIS® indicators, as directed by DMS:

- HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC),
- HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP),
- HEDIS® Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM),
- proposed HEDIS® measure: Metabolic Screening for Children and Adolescents on Antipsychotics,
- proposed HEDIS® measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents, and
- proposed HEDIS® measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO plans to implement the following interventions:

Provider interventions:

- post practice parameters for the use of Atypical Antipsychotics in Children and Adolescents from the American Academy of Child and Adolescent Psychiatry (AACAP) on the provider website;
- develop a comprehensive "Assessment, Screening and Monitoring Tool" based on AACAP practice parameters and post on the provider website;
- send monthly informational/educational mailings targeting general practitioners and pediatricians;
- assess access to psychiatrists in Kentucky as a barrier and if necessary and feasible, provide resources on psychiatric care to general practitioners and pediatricians; and
- Evaluate other venues for provider education, such as an educational conference/summit on best practices.

Member interventions:

- publish a member newsletter article for members/caregivers about care for children with behavioral conditions issues;
- send targeted educational mailings care for children taking antipsychotic medications to members newly prescribed an antipsychotic medication; and
- assess access to psychiatrists in Kentucky as a barrier and if necessary and feasible, provide resources on psychiatric care to general practitioners and pediatricians.

Health plan interventions:

- collect and review data on prescribing practices for antipsychotics for members ages 0–17 years, including provider type(s)/specialties, monitoring outliers (e.g., children ≤ age 5) and develop associated interventions; and
- refer outliers to the Quality of Care (QOC) Department for further review by the QOC Nurse and the Behavioral Health Medical Director, as necessary.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: the proposal references relevant performance indicators, scientific literature, and clinical practice guidelines and the study questions and objectives are clearly stated and include specific improvement goals.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: incorporate interventions to address use of first line psychosocial care and incorporate more active interventions than web-postings and mailings such as facilitating appointments for members and onsite visits to non-psychiatric prescribers; and develop process measures to monitor each major intervention.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

WellCare of Kentucky 2015 PIP: Postpartum Care

Status: Proposal

Proposal Submitted: 9/1/2014

Revised: 12/5/14

Study Topic Selection

WellCare of Kentucky's 2015 physical health PIP topic is postpartum care. The objective of this PIP is to answer the following questions:

- Do robust interventions aimed at improving MCO, provider and member performance:
 - increase the percentage of members who have a postpartum visit on or between 21–56 days after delivery?
 - increase postpartum depression screenings?
 - decrease the percentage of 30-day post delivery re-admissions/
 - decrease the percentage of 60-day post-delivery re-admissions?

The PIP indicators are:

- HEDIS® Postpartum Care,
- Healthy Kentuckians Postpartum Depression Screening,
- the percentage of 30-day postpartum re-admissions, and
- the percentage of 60-day postpartum re-admissions.

The MCO plans to implement the following interventions:

Provider interventions:

- adding additional QI HEDIS® Advisors to educate/coach providers on guidelines;
- publish a provider newsletter article on tips for documenting postpartum visits;
- post the Edinburgh Postnatal Depression Scale on the provider website; and
- conduct targeted education for providers who do not complete postpartum screening for depression.

Member interventions:

- use vendor, Alere, to implement a comprehensive perinatal program for pregnant members;
- conduct member outreach post-delivery with reminders about postpartum visits and well-child visits and to assist with appointment scheduling; and
- publish information on the importance of postpartum visits in the member newsletter.

Data Analysis and Results

Not applicable. Baseline results will be reported in September 2015.

Achievement of Improvement

Not applicable. Baseline results will be reported in September 2015.

Strengths

Key strengths include: a topic selection supported by references to clinical practice guidelines, MCO performance data with benchmarks, and literature citations; a solid rationale for the performance goals; the barrier analysis is detailed; there are process measures to track the progress of the interventions.

Opportunities for Improvement

Key opportunities for improvement include that the MCO should: consider analyzing if the members with re-admissions had a postpartum visit; continue to develop the provider interventions past focusing primarily on documentation issues; consider focusing interventions on the top re-admission diagnoses.

Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

5. Additional EQR Activities in Progress

In addition to the mandatory EQR activities described in this report, IPRO conducts a number of optional EQR activities. Some were completed in CY 2014, some continued in 2015 and others are ongoing. A descriptive summary of each activity follows:

Managed Care Program Progress Report

IPRO produced a Managed Care Program Progress report for key stakeholders, such as the Kentucky State Legislature. The purpose of the report was to summarize the findings from the EQR activities and describe the status and progress achieved by Kentucky's MMC Program during the period July 1, 2013 through June 30, 2014 in the areas of provider network/access, quality measurement and improvement and compliance with regulatory and contract requirements. In the report, IPRO provided recommendations related to monitoring and improving access and availability, effectiveness of care and care coordination.

MCO Performance Dashboard

IPRO collaborated with DMS to produce a web-based MCO Performance Dashboard. The dashboard displays the plans' HEDIS® and CAHPS® rates and highlights overall performance as well as individual measure performance compared to national Medicaid averages. The dashboard is updated annually with each year's HEDIS® and CAHPS® data and performance trends. DMS and IPRO will work together to further define the content and audience.

MCO Performance Annual Health Plan Report Card

IPRO worked with DMS to produce a Health Plan Report Card (English and Spanish versions) which presents the performance for each of the plans on selected HEDIS® and CAHPS® measures. The Health Plan Report Card is used by members to compare the MCOs' performance and assist members to choose an MCO during the Open Enrollment period. The Health Plan Report card is updated annually prior to the Open Enrollment period.

Quality Companion Guide

IPRO prepared a Quality Companion Guide as an MCO reference guide to the core EQR quality improvement activities. The guide includes an overview of the processes for the regulatory compliance review, PM calculation and validation and PIP conduct and validation.

Comprehensive Evaluation Summary

IPRO completed a comprehensive review of DMS accountability strategy, monitoring mechanisms, and strategies to promote improvement as described in the Commonwealth of Kentucky's Strategy for Assessing and Improving the Quality of Managed Care Services. This was the second annual review, conducted with the intent of continuing the evaluation using updated information, reports and interviews. The report described recent developments in Kentucky's MMC Program, changes in program monitoring responsibilities, and the findings from the previous Comprehensive Evaluation Summary. The methods for evaluation included interviews with key stakeholders, including MCO and DMS program managers; the Department for Behavioral Health, Developmental and Intellectual Disability (DBHDID); Department of Public Health (DPH); and the Department of Insurance (DOI). IPRO summarized strengths and opportunities related to regulation/contracts, monitoring systems, and coordination and provided recommendations.

Validation of Patient-Level Claims

Encounter data validation is an optional MMC EQR activity. DMS requested that IPRO conduct several encounter data activities during 2014.

Monthly Management Reports

IPRO continues to receive historical claims data from DMS that captures the MCO members' utilization. IPRO produces a set of monthly validation reports that display the trends in claims for a variety of services, including inpatient, professional and pharmacy, among others. The format for the monthly reports was modified and the monthly report production is ongoing.

HEDIS® Benchmarking Study

DMS requested that IPRO conduct an encounter data validation project. IPRO proposed and conducted a HEDIS® "benchmarking" project, which aimed to compare the HEDIS® measure rates calculated by IPRO using MCO submitted encounter data to the HEDIS® measure rates calculated and reported by the MCOs. The four (4) HEDIS® measures selected for comparison were: Breast Cancer Screening (BCS), Annual Dental Visit (ADV), Children and Adolescents' Access to Primary Care Practitioners (CAP) and Adults' Access to Preventive/Ambulatory Health Services (AAP). The objective of the analysis was to evaluate the completeness of the MCO encounter data in the IPRO data warehouse. Specifically, the project aimed to validate that the data contained in the encounter data warehouse were consistent with the health plan data with regard to fields including, but not limited to: member eligibility and enrollment dates, dates of service, diagnosis codes and procedure codes. The overarching goal was to identify inconsistencies and improve the quality of the data in the data warehouse so that DMS can use the encounter data to reliably calculate measures of quality and cost, and for rate setting. IPRO accomplished this by creating SAS programs using the HEDIS® technical specifications and calculating HEDIS® measure rates using the encounter data from the EQRO data warehouse. The results were compared to the rates submitted by the MCOs to NCQA for their annual HEDIS® reporting, including a member-level data comparison and analysis. The majority of discrepancies identified related to enrollment data. This requires further evaluation by DMS, IPRO, and the MCOs.

EPSDT Validation Study

IPRO conducted a medical record study to validate EPSDT claims data submitted by the MCOs to DMs and contained in the IPRO encounter data warehouse. The study compared the administrative encounter data and medical record documentation to validate receipt of EPSDT screening services by children enrolled in Kentucky MMC. The study population was comprised of enrolled children ages 1–20 years who had an EPSDT-related outpatient well-child visit during the study period and a second cohort ages 1–3 years to validate provision of developmental screening. The study sought to determine if the EPSDT (well-child) visits included comprehensive health and developmental history (including mental health and substance use screening), comprehensive physical exam, and health education/anticipatory guidance; if visits contained mental health screening and follow-up of identified problems; was coding for development screening indicative of performing a developmental screening using a standardized developmental screening tool; and did submission of hearing and vision screening codes reflect age-appropriate hearing and vision screening examinations.

Key findings included:

- Many children did not receive the expected tests and services during EPSDT/well-care visits.
- Encounter codes did not wholly reflect a comprehensive well-care visit or developmental screening, as described in standard clinical guidelines or EPSDT requirements.
- Well-care visit exams, screenings, and counseling documented were not always consistent with those required for EPSDT services or recommended by national clinical guidelines.
- Performance of well-care visit components varied across age groups.
- Approximately one-third of members received age-appropriate vision screening, a required component of EPSDT services.
- There was poor evidence of hearing screens; however, there were also hearing screens found in the medical record that were not coded in the administrative data.
- Developmental surveillance was conducted across all age groups, most commonly in the youngest age groups.

Quality of Care Focus Studies

Quality of care focus studies are an optional EQR activity. IPRO conducted two focus studies on behalf of DMS with the participation of the MCOs and other stakeholders, such as DCBS.

Care Management for Medically Fragile Children

The aim of the Kentucky Medically Fragile Children Focused Study was two-fold. First, utilize encounter data to profile health care utilization and clinical characteristics among children designated by the DCBS Medical Support Section as medically fragile, enrolled in MMC and in foster care; quantify differences in hospital use between children in foster care who were designated as medically fragile and children who were not designated as medically fragile; and identify other high-risk children in foster care with chronic and unstable conditions for consideration as possibly “missed” medically fragile children. Additionally, integrate qualitative findings from a relational coordination survey of MCO, DCBS and CSHCN care/case managers; a medical record review (MRR) of medically fragile children; and a review of medically fragile children’s service denials; and synthesize results in order to identify gaps in care coordination and opportunities to improve the performance of the care coordination team, i.e., MCO care/case managers, DCBS social workers, and CSHCN nurse consultants.

Key findings included:

- Very young children, adolescents and infants comprised the majority of medically fragile children, and most were diagnosed with a complex chronic condition.
- Medically fragile children utilized a disproportionate amount of hospital inpatient and ED services.
- The low relational coordination ranking of PCP and specialist physician providers by all workgroups indicates the need to engage physicians as part of the medically fragile care coordination team.
- Access to and availability of physicians is a barrier to medically fragile care coordination.
- Lack of MCO care/case manager access to the foster parent is a barrier to MCO provision of care coordination for medically fragile children.
- There is a lack of MCO engagement as part of the medically fragile care coordination team.
- Excessive medically fragile caseload is a prime concern for DCBS, but not MCOs.

Childhood Obesity

This focused study assessed the implementation of recommendations for the prevention, identification, assessment, and treatment of pediatric obesity among the Kentucky MMC population. The primary goal was to detect specific gaps in care and highlight opportunities for improvement in the identification and management of childhood obesity.

Overall, the study revealed prevalent overweight and obesity and multiple apparent gaps in the process of prevention, identification, risk assessment and management of these conditions within the Kentucky MMC Program. Key findings included:

- While BMI value or percentile was appropriately documented for older adolescents, BMI percentile documentation was present for only 49% of younger children.
- Risk assessment was lacking in medical record documentation, with only 57% of records including family history and 29% including plotting of BMI on a growth chart.
- Less than half of the members in the study sample had nutritional counseling (47%) or physical activity counseling (41%), and most counseling was not specific to risk behaviors.
- Obesity was noted to be particularly prevalent in the adolescent age group (30%), but 17% of preschool children were also noted to be obese.
- Most records of overweight and obese children did not include appropriate laboratory testing for obesity-related conditions, and risk behavior assessment was not universally documented.

- Most records of at-risk overweight and obese children and adolescents did not include assessment of risk behaviors or behavioral or weight goals; only 5% included a scheduled follow-up of weight status, and only 2% included any structured, higher intensity interventions.

Access and Availability Surveys

Conducting surveys is an optional EQR activity. IPRO conducted a variety of access and availability survey activities on behalf of the Kentucky DMS.

Availability of Behavioral Health Specialists

During 2014, IPRO conducted a survey to evaluate access to and availability of behavioral health specialists participating with the Medicaid MCOs. Specifically, this project assessed the ability to make office hour appointments using a secret shopper survey methodology. A total of 904 behavioral health providers met the criteria for the survey study. Provider types fell into three (3) categories: psychiatrists, psychologists, and social workers/counselors/therapists. At the time of the survey, there were four MCOs: CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky.

Key findings included:

- Overall, 72.0% of the providers were able to be contacted.
- Only 10.3% of the providers were both able to be contacted and scheduled an appointment within 60 days.
- Plan compliance rates ranged from 5.7% to 14.1%.
- Compliance rates by provider type varied from 5.8% among psychiatrists to 21.3% for social workers/counselors/therapists.

Validation of Managed Care Provider Network Submissions

In October 2014, IPRO produced its second audit of the Managed Care Assignment Processing System (MCAPS) provider network data to validate the accuracy of its contents. The validation was conducted for four (4) of the five (5) MCOs: CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. Because Anthem Blue Cross and Blue Shield Medicaid began participating in the Medicaid program in January 2014, and did not report MCAPS data at the time of the project, it was not included. Data validation surveys were sent to 100 PCPs and 100 specialists from the four (4) MCOs.

Key findings included:

- The overall response rate was 60.9%. Specialists responded at a slightly higher rate than PCPs, with 61.6% and 60.2% respectively.
- The response rates varied by MCO, ranging from 55.9% for Passport Health Plan to 71.6% for WellCare of Kentucky.
- The fields with the most accurate rates were “State” with a 100.0% rate, “Last Name” with a 98.9% rate, “First Name” and “NPI” each with a 98.7% rate, “City” and whether the provider has a contract to accept Medicaid patients each with a 98.1% rate, “PCP Panel Size” with a 96.4% rate, “Secondary Specialty” with a 96.3% rate, “Zip Code” with a 95.7% rate, and Provider Type” and “Primary Specialty” each with a 93.3% rate.
- The least accurate field was “Spanish” (language) with a 67.2% rate of accuracy.
- Most of the revisions submitted by providers were additions, due to blanks in the original MCAPS data fields. As such, this finding should be interpreted with caution.

Pharmacy Program Reviews

Pharmacy Program Reviews are a Kentucky-specific task included in IPRO’s contract. IPRO conducts reviews of the MCO quarterly reports related to pharmaceutical services. The focus of the reviews is non-preferred drug list medications,

prior authorizations, and denials. IPRO analyzes the data in the reports for each MCO and provides written reports including MCO-specific findings and recommendations. The findings are shared with the MCOs.

Individual Case Review

Individual case review is an optional EQR activity. IPRO conducts individual case reviews when a potential quality of care concern is identified during the conduct of EQR tasks or when DMS identifies a general concern.

During 2014, DMS identified a concern related to coordination of care for DCBS foster children enrolled in one of the MCOs. DMS was concerned that the MCO did not adequately coordinate care and participate in discharge planning for children with inpatient behavioral health admissions. Additionally, there was concern related to “decertification” or concurrent denials for continued inpatient stay. DMS requested that IPRO conduct a review of selected cases of foster children with an inpatient behavioral health admission and continued stay decertification. During late 2014, a review methodology and related file review tools were developed. A sample of members was chosen, and records were requested from the MCO and DCBS in January 2015.

6. MCO RESPONSES TO PRIOR RECOMMENDATIONS

Federal EQR regulations for EQR results and detailed technical reports at 42 CFR §438.364 require that the EQR include, in each annual report, an assessment of the degree to which each health plan has addressed the recommendations for quality improvement made in the prior EQR Technical Report. The previous Technical Report issued for Kentucky evaluated CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky only. **Table 37** through **Table 40** provide the MCOs' responses to the recommendations issued in the Kentucky 2014 Technical Report, including an initial plan of action, how the plan was implemented, the outcome and monitoring and future actions planned. Because 2015 is the first time Anthem Blue Cross and Blue Shield Medicaid was included in the technical report, there are no 2014 recommendations for response. Anthem Blue Cross and Blue Shield Medicaid's responses to this technical report will be included in the 2016 technical report.

Table 37: CoventryCares of Kentucky Response to Recommendations Issued in 2014 Technical Report

IPRO Recommendation	MCO Response
<p>In the domain of quality, IPRO recommends that CoventryCares of Kentucky:</p> <ul style="list-style-type: none"> Examine reasons for network providers' low rates for board-certification to determine if this issue is specific to CoventryCares of Kentucky or is a regional/statewide norm; 	<p>Initial Plan of Action – CoventryCares of Kentucky did not provide a response to this recommendation.</p> <p>When and how was this accomplished? Not applicable</p> <p>Outcome and Monitoring – Not applicable</p> <p>Future Actions/Plans – Not applicable</p>
<ul style="list-style-type: none"> Work to improve HEDIS® measures which fall below the national averages, particularly in the areas of care for members with diabetes and appropriate testing and antibiotic use for children and adults with acute respiratory illnesses; 	<p>Initial Plan of Action Collaborate with internal departments to provide education to CoventryCares of Kentucky's membership to promote health and wellness.</p> <p>When and how was this accomplished? Collaborated with internal departments to provide education regarding diabetes to CoventryCares of Kentucky's diabetic membership via the Diabetes Disease Management Program. The Community Development Outreach team distributed educational materials at health fairs, conferences and other community events. Member education was distributed via member newsletters, the member handbook, and the EPSDT program. A new dedicated EPSDT Coordinator Project Manager was hired to assist members from birth to age 21. Integrated behavioral health into care management.</p> <p>Outcome and Monitoring CoventryCares of Kentucky receives and reviews monthly HEDIS® rate reports for both HYBRID and Administrative rates. The rate report includes rates for each month of the calendar year so that we can monitor for improvement each month</p>

IPRO Recommendation	MCO Response
	<p>and initiate interventions as necessary. Preliminary 2015 HEDIS® rates indicate improvement from the prior measurement year.</p> <p>Future Actions/Plans Develop a Prevention and Wellness Program to increase outreach and promote health and wellness to CoventryCares of Kentucky members. Provide education to provider offices regarding the HEDIS® criteria to ensure providers are equipped with the knowledge to help improve the life of CoventryCares of Kentucky’s members and positively impact HEDIS® rates.</p>
<ul style="list-style-type: none"> Review the recommendations made for each of the compliance domains, in particular for Health Risk Assessment and Enrollee Rights, and execute improvements; 	<p>Initial Plan of Action – CoventryCares of Kentucky did not provide a response to this recommendation.</p> <p>When and how was this accomplished? – Not applicable</p> <p>Outcome and Monitoring – Not applicable</p> <p>Future Actions/Plans – Not applicable</p>
<ul style="list-style-type: none"> Review and implement the EQRO recommendations for each of the PIPs. 	<p>ADHD</p> <p>Initial Plan of Action The ADHD PIP is a “new” responsibility for the CoventryCares of Kentucky QM Department in that it was written and sustained by MHNet for the Baseline and 1st Interim Year. MHNet has now been integrated into CoventryCares of Kentucky with many of the original responsible members for this PIP gone or moved into other roles. This caused issues in that systems where many of our reports were generated are no longer available and there for were in need of review. The first course of action was to review IPRO’s comments in full regarding the baseline report and addressing them individually in each section stated, as per the grading scale that we received in early 2015 on our initial PIPs. Several areas of improvement that will be addressed by the 1st Interim Report due in September include but are not limited to: including a focus on HEDIS® measures/NCQA Benchmarks; revising and providing a proper AIM with study questions, indicators, interventions and goals; remove family therapy as an objective and clarify performance goals to be consistent throughout the PIP; provide plans for direct interventions while correcting and providing 2015 timelines.</p> <p>When and how was this accomplished? Review of IPRO’s comments began the day of receipt in the 1st Quarter 2015. Review of the entire process that MHNet had established and what changes were necessary came after integration in the 2nd Quarter 2015</p> <p>Outcome and Monitoring HEDIS® rates and data from outreach efforts are pulled and reviewed on a monthly basis. A new workgroup has been established post integration and will meet monthly to ensure we are on target with our stated interventions and goals as well as on track with IPRO’s suggestions.</p> <p>Future Actions/Plans Continue progress by the workgroup to improve this PIP and comply with the recommendations IPRO has suggested and show this progress in the 1st Interim Report due September 1. The current plan is to provide our full review, improvements</p>

IPRO Recommendation	MCO Response
	<p>and updates in the 1st Interim Report on the updated 2014 template so that things such as the Barriers are in the correct order and format that IPRO has requested.</p> <p><u>Hospital Re-admission</u></p> <p>Initial Plan of Action</p> <p>The first course of action was to review IPRO's comments in full regarding the baseline report and addressing them individually in each section stated, as per the grading scale that we received in early 2015 on our initial PIPs. These comments were then included within our Baseline PIP to ensure each comment is addressed within their sections required in order to make the review more comprehensive and complete by all members of the committee. Several areas of improvement that will be addressed by the 1st Interim Report due in September include but are not limited to: providing updated rates and demographics data from the 1st Interim year and clarifying baseline data; provide Process Measures; clarify the HEDIS® measure involvement with this PIP; update the Timeline and Barrier information in the correct format with the most current data; present intervention details with a focus on prevention and being more "active"; clarify UM process vs. improvements made through this PIP.</p> <p>When and how was this accomplished?</p> <p>Review of IPRO's comments by QM began the day of receipt in the 1st Quarter 2015. Meetings to discuss our Re-admission rates as well as IPRO comments by the workgroup have been under review since the rates were made available in early 2nd Quarter.</p> <p>Outcome and Monitoring</p> <p>Due to the time sensitive nature of this topic, outreach efforts occur bi-weekly and rates are generated on a quarterly basis. Workgroup meetings began again in 2015 in the 2nd Quarter after the rates could be generated and members of the workgroup had time to review the IPRO comments.</p> <p>Future Actions/Plans</p> <p>Continue progress by the workgroup to improve this PIP and comply with the recommendations IPRO has suggested and show this progress in the 1st Interim Report due September 1. The current plan is to provide our full review, improvements and updates in the 1st Interim Report on the updated 2014 template so that things such as the Barriers, Timeline, etc. are in the correct order and format that IPRO has requested.</p> <p><u>Diabetes Care</u></p> <p>Initial Plan of Action</p> <p>The first course of action was to review IPRO's comments in full regarding the Proposal report and addressing them individually in each section stated, as per the grading scale that we received in early 2015 on our initial PIPs. These comments were then included within our Proposal to ensure each comment is addressed within their sections required in order to make the review more comprehensive and complete by all members of the committee. Several areas of improvement that will be addressed by the Baseline Report due in September include but are not limited to: Benchmark</p>

IPRO Recommendation	MCO Response
	<p>data will be used to detail demographic data for our member population in order to identify the most at risk members in our population; Cost Analysis will be included based on Baseline Data; NCQA Quality Compass® Benchmarks will be used throughout this PIP and once we receive our Benchmark rates we will be able to identify the specific goals and compare them against the most recent benchmarks available (should be HEDIS® 2015 Benchmarks); Include tables with indicators and performance targets once this data is available; With the interventions, CCKY will review the Benchmark data and look forward to implementing targeted members based on demographic analysis that shows members who are the most “at risk,” expand sights to “Poor Control” members and look to include other future recommendations such as tracking systems, Case Management Reports, additional educational materials; Benchmark data will also assist in developing our Provider outreach intervention efforts such as identifying the PCP’s with the highest number of CDC members, identifying potential gaps in care, etc; In the development of Case Management tracking, CCKY will also create a tracking system for members that have been outreached along with date regarding who has become Compliant after outreach efforts</p> <p>When and how was this accomplished? Review of IPRO’s comments by QM began the day of receipt in the 2nd Quarter 2014 as well as additional correspondence with IPRO since that time. Meetings to discuss our Diabetes Baseline rates as well as IPRO comments by the workgroup have been under review since the rates were made available in early 2nd Quarter.</p> <p>Outcome and Monitoring HEDIS® rates and data from outreach efforts are pulled and reviewed on a monthly basis. Workgroup meetings began again in 2015 (for the first time since the planning stages of the Proposal in the Summer of 2014) in the 2nd Quarter after the Baseline rates could be generated and members of the workgroup had time to review the IPRO comments.</p> <p>Future Actions/Plans Continue progress by the workgroup to improve this PIP and comply with the recommendations IPRO has suggested and show this progress in the Baseline Report due September 1.</p> <p><u>Antipsychotic</u> Initial Plan of Action The first course of action was to review IPRO’s comments in full regarding the Proposal report and addressing them individually in each section stated, as per the grading scale that we received in early 2015 on our initial PIPs. These comments were then included within our Proposal to ensure each comment is addressed within their sections required in order to make the review more comprehensive and complete by all members of the committee. Several areas of improvement that will be addressed by the Baseline Report due in September include but are not limited to: Benchmark data will be used to detail demographic data for our member population in order to identify the most at risk members in our population; Barriers, interventions and data will be constantly reviewed and analyzed in order to assess effectiveness and will be modified accordingly; Goals will be established with Baseline Report, no HEDIS® measures available and Pharmacy Data pending; NCQA Quality Compass® Benchmarks will be used throughout this PIP and once we receive our Benchmark rates we will be able to identify the specific goals and compare them against the most recent benchmarks</p>

IPRO Recommendation	MCO Response
	<p>available (should be HEDIS® 2015 Benchmarks); Include tables with indicators and performance targets once this data is available; Pharmacy Data and CM data have been collected, reviewed and analyzed by the workgroup to develop a “Risk Level” system of our members to be able to assign the appropriate levels of outreach to members and providers as this is a very sensitive topic; CCKY to promote collaboration and synergize efforts will implement an interdepartmental workgroup to meet monthly. Minutes will be taken and participants will include Quality Management, HEDIS® Outreach, Pharmacy, Provider Relations, Case Management, Social Services, Medical Affairs, Access and Availability and Behavioral Health. The workgroup will focus efforts in the following areas throughout the course of the PIP:</p> <p>Barrier Analysis:</p> <ul style="list-style-type: none"> • Ongoing barrier analysis particularly plan-specific barriers, as the project progresses and modify the intervention strategy accordingly; • develop methods to facilitate feedback from providers and member and modify the intervention strategy accordingly; • continue to use its pharmacy data to determine type of providers and identify the high-volume prescribers to target interventions most effectively; and • solicit input from pharmacies. The feedback from pharmacies/pharmacists should be initiated sooner so that the most effective interventions are developed. <p>Intervention Strategy:</p> <ul style="list-style-type: none"> • disseminate the educational materials via provider office visits by Provider Relations staff; • provide tools and resources to support providers' improvement efforts (e.g., referral sources, pocket card references); and • ensure that the member education materials are appropriate for pediatric care. <p>When and how was this accomplished?</p> <p>Review of IPRO’s comments by QM began the day of receipt in the 2nd Quarter 2014 as well as additional correspondence with IPRO since that time. Meetings to discuss our Antipsychotic data collected as well as IPRO comments by the workgroup have been under review since the rates were made available in early 2nd Quarter.</p> <p>Outcome and Monitoring</p> <p>HEDIS® rates are brand new in 2015 and are in the form of 3 Measures. As this is the first year for these 3 HEDIS® Measures, CoventryCares of Kentucky will be using this as “Baseline” data. Other areas are being explored in order to identify at risk members as well as Physicians that are potentially prescribing these medications incorrectly. Workgroup meetings began again in 2015 (for the first time since the planning stages) in the 2nd Quarter after the Baseline data could be generated by Pharmacy and members of the workgroup had time to review the IPRO comments.</p> <p>Future Actions/Plans</p> <p>Continue progress by the workgroup to improve this PIP and comply with the recommendations IPRO has suggested and show this progress in the Baseline Report due September 1.</p>

Table 38: Humana-CareSource Response to Recommendations Issued in 2014 Technical Report

IPRO Recommendation	MCO Response
<p>In the domain of Care Coordination, IPRO recommends:</p> <ul style="list-style-type: none"> Case management files should demonstrate coordination of services with all service providers, member and family, as needed. 	<p>Initial Plan of Action Humana-CareSource will ensure that the audit process for Case Management files demonstrates coordination of services with all service providers, member and family, as needed.</p> <p>When and how was this accomplished? Review of the internal quality auditing process for Case Management files identified that 5 auditing elements identify the physical and behavioral health needs of the member. There are 17 elements of the tool addressing facilitation and coordination of services with all service providers, member and family, as appropriate.</p> <p>Outcome and Monitoring</p> <ul style="list-style-type: none"> All newly engaged case management member cases are audited for the above elements. Audit results are reported quarterly through the internal QI/QM committee. Performance improvement plans are developed as the need is identified via the audit. <p>Future Actions/Plans</p> <ul style="list-style-type: none"> Continue to audit all newly engaged case management member cases for the above elements. Continue audits of all case management staff for compliance with this requirement. Individual staff education as need is identified. Staff education provided at Case Management Staff meetings.
<p>In the domain of Care Coordination, IPRO recommends:</p> <ul style="list-style-type: none"> The MCO should establish policies/procedures for tracking, analyzing, reporting and developing corrective action plans for indicators measuring utilization, access, complaints and grievances, and satisfaction with care and 	<p>Initial Plan of Action Humana-CareSource will develop and implement policies and procedures to ensure access to care coordination for all DCBS clients. HCS shall track, analyze, report, and when indicated, develop corrective action plans on indicators that measure utilization, access, complaints and grievances, and services specific to the DCBS population.</p> <p>When and how was this accomplished?</p> <ul style="list-style-type: none"> Policy and Procedure CM-38 Case Management – DCBS Population Reporting, Analysis and Follow-ups was approved and implemented January 2015. Reporting of indicators at QAC quarterly to begin 1st Qtr. 2015. <p>Outcome and Monitoring</p> <ul style="list-style-type: none"> Key stats related to utilization, access, complaints and grievances, and satisfaction with care and services are analyzed and reported quarterly in the Quality Access Committee (QAC).

Table 39: Passport Health Plan Response to Recommendations Issued in 2014 Technical Report

IPRO Recommendation	MCO Response
<p>In the domain of quality, IPRO recommends that Passport Health Plan:</p> <ul style="list-style-type: none"> Continue to work to improve rates for HEDIS® measures that perform below the national average; and 	<p>Initial Plan of Action</p> <p>Passport Health Plan routinely updates and monitors our HEDIS® Scores through each measurement period in order to identify areas that appear to lag below performance targets and evaluate whether alternative strategies to improve performance should be considered and/or implemented. At the time of this recommendation, 21 measures were at or below national average. The current performance for each measure was evaluated to determine if current process was likely to result in our meeting our performance targets. We had already implemented process changes to drive up performance scores for the majority of the list – with the exception of the four measures:</p> <ul style="list-style-type: none"> Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid Pharmacotherapy Management of COPD Exacerbation – Bronchodilator Disease Modifying Anti-Rheumatoid Arthritis Use of Imaging Studies for Low Back Pain <p>When and how was this accomplished?</p> <p>We utilized our multi-disciplinary HEDIS® workgroup to develop interventions across the company to improve these measures. This workgroup meets at least every other month with interventions occurring through the year. Interventions include both member and provider focused actions. Member interventions were aimed at educating the member regarding the disease/condition, standards of care in treating the disease/condition, encouraging the member to discuss treatment options with their provider(s), and offering health plan resources to assist the member as needed, such as the 24hr nurse line and care coordination activities. Provider interventions are aimed at encouraging treatment according to national standards of care, assistance in member outreach to engage members in care, care gap reports to identify members with a gap in care, embedded care managers to meet with members in the office to conduct care coordination activities face to face, and educational resources to use and share with members in order to instruct members on their specific disease/condition. Specific targeted interventions aimed at the four measures below the 25th percentile included:</p> <ul style="list-style-type: none"> All members with a COPD admission during the year had a telephonic outreach attempted after discharge in order to assist with medication reconciliation and scheduling of follow up appointment(s) by our COPD Disease Manager. The COPD Disease Manager enrolled 165 members into one-on-one care coordination activities. Utilization Review initiated a program with our discharge planners to be sure that members admitted with COPD were discharged home with prescriptions for any changed medications. The COPD Disease Manager outreached to the providers of COPD members admitted for a COPD exacerbation in order to facilitate medication reconciliation and notification of admission, if it was not already known by the provider. Care Coordination and Utilization Review staff developed a dashboard to track all 30 day re-admissions. Current treatment guidelines were distributed to providers treating members with COPD. The Quality Improvement staff developed provider education worksheets entitled HEDIS® 101 for each HEDIS® measure to educate provider and their office staff regarding what the intent of each measure is, how the rate is calculated, what counts and what does

IPRO Recommendation	MCO Response
	<p>not, and how to incorporate compliance into their day to day workflow.</p> <ul style="list-style-type: none"> • The Quality Improvement staff initiated a Monthly Clinical Focus program to educate health plan staff as well as members and providers each month of a specific health topic that has a HEDIS® measure related to it. This included COPD and Low Back Pain. • Care Coordination and Utilization review staff analyzed the dashboard data to identify both over and utilization of services related to the targeted conditions. <ul style="list-style-type: none"> ○ Rapid Response outreached to all members identified as having Rheumatoid Arthritis to conduct a brief health risk assessment that incorporated educational content on best practice treatment and monitoring for individuals with their condition. Quality Improvement staff evaluated variances in rates and timing of diagnostic studies for members diagnosed with low back pain. • Member newsletter articles included: <ul style="list-style-type: none"> ○ How to Deal with Low Back Pain, ○ Leaving the Hospital- Questions to Ask Your Doctor, and ○ Do You Have COPD? <p>Passport Health Plan also utilizes our HEDIS® certified software (Inovalon HEDIS® Advantage) to produce monthly status reports in order to evaluate progress of all HEDIS® measures. Results were reviewed with the multi-disciplinary team in order to adjust interventions as needed. In addition, we also utilize our QI work plan to document and track progress towards our quality initiatives quarterly.</p> <p>Outcome and Monitoring</p> <p>Based on the initiatives above, Passport Health Plan demonstrated improvement in three of the four measures:</p> <ul style="list-style-type: none"> • Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid increased to the 75th percentile and was just short of the 90th%. • Pharmacotherapy Management of COPD Exacerbation – Bronchodilator increased to the 90th percentile. • Disease Modifying Anti-Rheumatoid Drug Therapy for Rheumatoid Arthritis increased to the 50th percentile <p>Future Actions/Plans</p> <p>The analysis of our HEDIS® results is an ongoing process. The HEDIS® workgroup and Quality Team conducted a planning/brainstorming meeting during the 4th quarter of the year to determine actions/interventions for the upcoming year. Attendees include key staff from Provider Network, Pharmacy, Behavioral Health, Care Coordination, Rapid Response, and Quality in order to develop interventions across the health plan. Interventions we routinely consider when determining strategies to boost performance on measures that are lagging below target performance include:</p> <ul style="list-style-type: none"> • HEDIS® workgroup, • member education and reminders, • member outreach, • member resources such as the 24-hour nurse line,

IPRO Recommendation	MCO Response
	<ul style="list-style-type: none"> • provider education, • provider resources, • care gap reports, • Provider Recognition Program, • care coordination activities, • monthly clinical focus program, • utilization review, • discharge planning activities, and • quality committees. <p>In addition to current activities, Passport Health Plan continues to evaluate our ability to expand our Embedded Case Management Program, Business Intelligence/Analytics capabilities, Provider Collaboration opportunities, and Member Engagement/Value Added Benefits in order to improve and monitor our successes.</p>
<ul style="list-style-type: none"> • Review and implement the EQRO recommendations for each of the PIPs particularly those related to indicators and interventions for the PIP related to care for members with asthma. 	<p>Initial Plan of Action</p> <p>Passport Health Plan participated in the IPRO/DMS meeting regarding the Performance Improvement Project “You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan”. Opportunities and suggestions for improvement were given both verbally and in writing.</p> <p>When and how was this accomplished?</p> <p>The suggestions are being implemented and are expected to be completed by the annual submission deadline of September 1st. Key areas of improvements involve being sure that all goals, objectives and interventions are aligned and that performance indicators have a specific targeted intervention. Also, it was discussed that we should include all asthmatic members in this PIP not just those that are identified as high risk via the predictive modeling tool.</p> <p>In addition to updating the PIP with the recommendations for improvement, Passport Health Plan is actively working to increase the number of asthma members that have an active asthma action plan by engaging in these activities:</p> <ul style="list-style-type: none"> • ER navigators at high volume hospitals distribute action plans to members and/or caregivers, educate on the importance of an action plan, and encourage discussion with their provider(s) to complete the action plan for future use; • Provider Network Management staff distribute asthma action plans (AAP) and encourage providers to establish an AAP with all their members that have asthma; • Embedded Case Management staff assist in getting AAPs for asthma members in the high volume office they reside in; • targeted mailing to all identified asthmatics include an action plan and encourage them to discuss with the physician; • notification via email to all physicians that the mailing to asthma members has occurred and reminding them to complete an AAP on all members; • website redesign including an AAP available for download and utilization if the provider does not have an established form in their office; and

IPRO Recommendation	MCO Response
	<ul style="list-style-type: none"> Child & Adolescent and Quality Medical Management Committees engaged on project progress and request feedback on program enhancements. <p>Outcome and Monitoring</p> <p>The Quality Department has a dedicated Performance Improvement Nurse who is responsible for oversight, development, and evaluation of all of the health plans performance improvement projects. This QI resource meets monthly with other internal health plan resources in order to monitor the progress of the project including but not limited to:</p> <ul style="list-style-type: none"> Asthma Disease Manager, Rapid Response Outreach staff, Provider Network Management staff, and Business Intelligence/Analytics staff. <p>The Asthma Disease Manager utilizes several business intelligence/analytical tools to track progress of the project including:</p> <ul style="list-style-type: none"> HEDIS® monthly reporting, Asthma High Risk Dashboard, Re-admissions Dashboard, Internal Asthma Action Plan tracking, and Internal Medical Management platform for those members in one on one care coordination activities. <p>Future Actions/Plans</p> <p>Passport Health Plan expects to complete all of the recommendations for PIP improvement as well as the annual update by the September 1st submission deadline.</p>
<p>In the domain of access to/timeliness of care, IPRO recommends that Passport Health Plan:</p> <ul style="list-style-type: none"> Continue to work to improve rates for HEDIS® measures that perform below the national average; and 	<p>Initial Plan of Action</p> <p>In our analysis of HEDIS® MY 2013 (CY2014) in the domain of Access/Availability of Care (21 individual measures), Passport Health Plan performs well based on QC. All individual measures performed at the 75 to 90th% except four. Those being one measure in the 50th% (Postpartum care); one in the 25th% (Call Answer Timeliness); and two are below the 25th% (Initiation and Engagement of Alcohol and other Drug Dependence Treatment). During our analysis, each individual measure was analyzed to determine if current interventions within the health plan, if continued as is, could show improvements without additional interventions and whether or not a multidisciplinary approach could add benefit. Several of the 21 individual measures already had strong interventions currently underway such as overall child visits through the EPSDT program outreach, home visit program, provider care gap reports, member education and reminders via email, phone, face to face, and newsletters, provider network monitoring through GeoAccess, site visits, and telephone surveys, and member incentives for teen well visits; overall adult access through outreach to members that have not had a visit with a provider in the last twelve months, and provider network monitoring through GeoAccess, site visits, and telephone surveys; annual dental visits through all EPSDT outreach efforts; prenatal and postpartum care through Mommy Steps program outreach, member education, and member incentives for completing ob/gyn visits; and call answer timeliness through adding additional customer service staff. Through this review, Passport Health Plan decided to focus on the two</p>

IPRO Recommendation	MCO Response
	<p>measures that fell below the 25th percentile.</p> <p>When and how was this accomplished?</p> <p>Once the goal was established, we utilized our multi-disciplinary HEDIS® workgroup to develop interventions across the company to improve the measures. In addition to the HEDIS® workgroup meetings, the Quality and Behavioral Health team have meet separately to focus on behavioral health measures and how to integrate care between physical and behavioral services. Both workgroups meet at least every other month with interventions occurring through the year. Interventions include both member and provider focused actions. Member interventions are aimed at educating the member regarding the disease/condition and available treatment options, encouraging the member to discuss treatment options with their provider(s), and offering health plan resources to assist the member as needed, such as the 24hr nurse line and care coordination activities. Provider interventions are aimed at expanding the network to include additional provider types to care for members, education on the SBIRT tools, encouraging providers to conduct the alcohol and substance abuse screenings on all members 9 years of age and older at least annually, and on the available billing codes to use for screening. Specific targeted interventions aimed at the measures below the 25th percentile included:</p> <ul style="list-style-type: none"> • credentialing expanded behavioral health provider types; • completion of EPSDT provider documentation audit to determine if all elements of an EPSDT screen are completed and documented including an alcohol and substance abuse screening; • EPSDT required element education to all EPSDT providers in the network; • conducting web based provider education on the SBIRT tool; • collaboration with Utilization Review/ER Navigator staff to assist in early detection of members; • training UM staff in the CAGE implementation; • placing an Embedded Case Manager at JADAC; • The Quality Improvement staff initiated a Monthly Clinical Focus program to educate health plan staff as well as members and providers each month of a specific health topic that has a HEDIS® measure related to it. This included mental health; and • Member newsletter articles which included: <ul style="list-style-type: none"> ○ Is Alcohol a Problem? We Can Help! <p>Passport Health Plan also utilizes our HEDIS® certified software (Inovalon HEDIS® Advantage) to produce monthly status reports in order to evaluate progress of all HEDIS® measures. Results were reviewed with the multi-disciplinary team in order to adjust interventions as needed. We also utilize our QI work plan and Behavioral Health quarterly reports to document and track progress towards our quality initiatives. In addition to these reports, Passport Health Plan assesses and monitors access utilizing a variety of methods including but not limited to GeoAccess reporting for PCPs and specialist, including behavioral health providers, provider site visits, provider telephone surveys regarding appointment scheduling, and utilization of out of network utilization to determine network needs. Each of these activities is ongoing throughout the year and is reported on quarterly through the QI work plan.</p>

IPRO Recommendation	MCO Response
	<p>Outcome and Monitoring Passport Health Plan is noting a trend of increasing admissions and length of stay in both detoxification and substance abuse residential treatment each month during 1st quarter of 2015</p> <p>Future Actions/Plans We are currently evaluating MY 2014 (CY 2015) to determine improvements but expect that this will continue to be an area of focus over the next several years.</p>
<ul style="list-style-type: none"> Review and implement the EQRO recommendations for each of the PIPs particularly those related to barrier analysis and interventions for the PIPs related to ED utilization and adherence to antipsychotic medications. 	<p>Initial Plan of Action Passport Health Plan participated in the IPRO/DMS meeting regarding the Performance Improvement Project “<i>Antipsychotic Monitoring for Children and Adolescents</i>” and “<i>Psychotropic Drug Intervention Program (PDIP)</i>”. Opportunities and suggestions for improvement were given both verbally and in writing. The recommendations have been completed, reviewed, and approved by IPRO/DMS to the PDIP project.</p> <p>When and how was this accomplished? Key areas of improvements involve being sure that all goals, objectives and interventions are aligned and that performance indicators have a specific targeted intervention.</p> <p>Outcome and Monitoring The Quality Department has a dedicated Performance Improvement Nurse who is responsible for oversight, development, and evaluation of all of the health plans performance improvement projects. This QI resource meets monthly with other internal health plan resources in order to monitor the progress of the project including but not limited to:</p> <ul style="list-style-type: none"> Behavioral Health Director, Beacon Health Services Director, Behavioral Health Case Managers, and Business Intelligence/Analytics staff. <p>The QI/Behavioral Health team utilizes several business intelligence/analytical tools to track progress of the project including:</p> <ul style="list-style-type: none"> HEDIS® monthly reporting, Re-admissions Dashboard, Behavioral health quarterly reports, and Medical Management platform for those members in one on one care coordination activities. <p>Review of preliminary data suggest that the utilization of first line psychosocial care for children is being utilized approximately 67% of the time; use of multiple concurrent antipsychotics is noted in 3.5% of the members; and metabolic monitoring is occurring in approximately 34.54% of the members. Continued analysis is ongoing at this time.</p> <p>Actions/Plans Passport Health Plan is on target to complete all of the recommendations for PIP improvement as well as the annual updates by the September 1st submission deadline. Ongoing interventions continue in relation to reduction of</p>

IPRO Recommendation	MCO Response
	<p>inappropriate ER utilization including:</p> <ul style="list-style-type: none"> • an ER dashboard that allows for detailed analysis of ER utilization; • additional Utilization Review staff/ER Navigator staff located in high volume facilities to conduct face to face member outreach/education; • ER Lock-In Program for the high ER utilizer population; • implementation of an alternative delivery model for high utilizing members in Hardin County; • outreach pharmacist educating prescribers identified as outliers in their prescribing habits; • analysis of pharmacy data trending adherence with antipsychotic medications for targeted members and/or provider intervention; and • analysis of pharmacy data for polypharmacy, subtherapeutic dosing for targeted member and/or provider intervention.

Table 40: WellCare of Kentucky Response to Recommendations Issued in 2014 Technical Report

IPRO Recommendation	MCO Response
<p>In the domain of quality, IPRO recommends that WellCare of Kentucky:</p> <ul style="list-style-type: none"> Examine reasons for network providers' low rates for board-certification to determine if this issue is specific to WellCare of Kentucky or is a regional/statewide norm; 	<p>Initial Plan of Action WellCare of Kentucky initiated an evaluation of the internal data sources used in the completion of this HEDIS® indicator as well as available external data to determine statewide norms of board certification.</p> <p>When and how was this accomplished? The final internal data source for generating WellCare of Kentucky's board certification rates is our claims production system, Xcelys, which is populated through our credentialing software, Cactus. This is our intake repository during the credentialing process and data is entered from The Council of Affordable Quality Healthcare (CAQH) manually. WellCare of Kentucky currently produces and monitors a quarterly internal report showing the board certification status of all participating providers. WellCare of Kentucky is in the process of auditing this data to assess its accuracy and to determine appropriate corrective action. The auditing of the internal data will also include a comparison to external data sources of board certification status such as the American Board of Medical Specialties database. WellCare of Kentucky is also in the process of determining board certification rates statewide.</p> <p>Outcome and Monitoring WellCare of Kentucky will correct any errors in its internal data regarding the board certification status of contracted providers. Following data correction, WellCare of Kentucky will perform a follow-up review to determine if our actions have improved our HEDIS® board certification rate, and will compare that rate to the statewide rate to ensure our rate is in line with statewide norms. WellCare of Kentucky will continue to monitor the quarterly internal report on board certification to ensure the provider network maintains the highest percentage of board certified providers.</p> <p>Future Actions/Plans With Kentucky being an AWP (Any Willing Provider) state, WellCare of Kentucky must offer an Agreement to any provider that requests participation in our network. Network Development will review Provider Board Certification report and act upon any specialties that fall below a certain percentage to ensure we work to fill those gaps and maintain a quality network for our members.</p>
<ul style="list-style-type: none"> Work to improve HEDIS® measures which fall below the national averages, particularly for certain measures related to management of medications and for appropriate testing and antibiotic use for children with acute respiratory 	<p>Initial Plan of Action WellCare of Kentucky has multiple ongoing interventions aimed at improving performance on all HEDIS® measures including those that fall below the national average. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS® services, provider visits, and a member incentive program for pregnancy and postpartum measures. In addition, during 2014 WellCare of Kentucky implemented a Pay for Quality (P4Q) program for PCPs targeted at improvement in six HEDIS® measures that were not in line with the national average. WellCare of Kentucky also hired eight regional HEDIS® Clinical Practice Advisors in 2014. The HEDIS® Clinical Practice Advisors' primary responsibility is the improvement of HEDIS® rates and they work individually with providers to improve HEDIS® rates. At the completion of each HEDIS® season, the QI team analyzes any HEDIS® measure not in line with the national average for root cause analysis, identification of barriers, and development of interventions for implementation.</p>

IPRO Recommendation	MCO Response
illnesses; and	<p>When and how was this accomplished?</p> <p>During 2014, WellCare of Kentucky added 8 Clinical HEDIS® Advisor positions to the QI Department and hired these positions mid-year. The Clinical HEDIS® Advisors are nurses who conduct onsite visits to provider offices to educate providers about HEDIS® measures and provide guidance on how to improve rates. WellCare of Kentucky also gives PCPs care gap reports so that PCPs can track their practice-level performance on specific HEDIS® measures among their assigned member population and can target members who are non-compliant to improve rates. In June 2014, following the receipt of final HEDIS® results for measurement year 2013, WellCare of Kentucky performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential interventions targeted at specific measures. Specific interventions targeted at management of medications for COPD include interventions in WellCare of Kentucky's COPD Performance Improvement Project and disease management activities conducted with members identified as having COPD. Interventions aimed at improving the rate of members receiving Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (DMARD) include targeted provider education and the inclusion of DMARD rates on the care gap reports so that PCPs are aware of members on their panel who are non-compliant with rheumatoid arthritis management. An intervention aimed at improving the rates of appropriate testing and antibiotic use for children with acute respiratory illnesses include reviewing provider non-compliant lists to identify providers using generic lab codes to bill for Strep A tests and/or who are prescribing antibiotics for upper respiratory infection, and conducting targeted provider education. Other interventions include increasing member knowledge of appropriate treatment of pharyngitis and upper respiratory infection through member newsletter articles and targeted mailings. These interventions are ongoing. Other interventions aimed at various HEDIS® measures including but not limited to Comprehensive Diabetes Care, Childhood Immunization Status, Cervical Cancer Screening, Breast Cancer Screening, and Chlamydia Screening, are aimed at better data collection; specifically, throughout the latter half of 2014 WellCare of Kentucky requested and collected medical records and lab results for eligible members and entered the results of medical record abstraction into a pseudoclaims database so that this information could be used for HEDIS® 2015. WellCare of Kentucky's P4Q program materials were distributed to providers via mail and hand delivered by Provider Relations Representatives, and the P4Q program was discussed during visits made by the HEDIS® Clinical Practice Advisors. The P4Q program offered incentives for reaching benchmarks in the HEDIS® measures Childhood Immunization Status, Chlamydia Screening in Women, HbA1c Testing for Members with Diabetes, LDL-C Screening for Members with Diabetes, Adolescent Well Visits, and Well-Child Visit 3–6 Years Old. A member incentive program aimed at improving rates of eye exams for diabetic retinopathy is planned for launch in 2015.</p> <p>Outcome and Monitoring</p> <p>WellCare of Kentucky monitors HEDIS® rates monthly to identify areas in need of greater intervention. WellCare of Kentucky anticipates that HEDIS® 2015 rates will show an improvement over HEDIS® 2014. HEDIS® rates for WellCare of Kentucky and for individual providers are monitored on a monthly basis. Providers are also distributed their individual HEDIS® rates monthly with a list of members on their panel so that they can track their progress and open opportunities. Additionally, the HEDIS® Clinical Practice Advisors are assessed against performance goals for their work and outcomes with individual</p>

IPRO Recommendation	MCO Response
	<p>provider groups. Member and provider interventions aimed at improving HEDIS® measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the plan's quality committees.</p> <p>Future Actions/Plans</p> <p>Following receipt of final HEDIS® 2015 rates, WellCare of Kentucky will conduct an analysis of HEDIS® 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of Kentucky will continue to work individually with providers to improve HEDIS® rates.</p>
<ul style="list-style-type: none"> Review the recommendations made for the compliance domain Health Risk Assessment and execute improvements. 	<p>Initial Plan of Action</p> <p>WellCare of Kentucky submitted a Corrective Action Plan (CAP) to the EQRO addressing the recommendations in the compliance domain Health Risk Assessment. The CAP outlined a process for ensuring members with an invalid telephone number were mailed additional mailings to encourage completion of an HRA and for documenting attempts to reach the member.</p> <p>When and how was this accomplished?</p> <p>WellCare of Kentucky developed and distributed an unable to contact letter that contains a paper copy HRA and option to complete the HRA by telephone or mail to members identified as having invalid phone numbers. The list of members to receive an unable to contact letter is generated on a monthly basis. WellCare of Kentucky has submitted an IT Ticket to automate the distribution of the unable to contact letter and HRA to members on a monthly basis, but until the process is fully automated, the list of members to receive an unable to contact letter is manually sent to WellCare of Kentucky's mailing vendor on a monthly basis for distribution. Once confirmation of the mail date is received, the mail date and the number of letters are logged in an Excel spreadsheet.</p> <p>Outcome and Monitoring</p> <p>WellCare of Kentucky believes that implementing this process fully addresses the recommendations made for the compliance domain Health Risk Assessment during the 2014 Annual Compliance Audit. Documentation of the current process was provided to the EQRO during the 2015 Annual Compliance Audit.</p> <p>Future Actions/Plans</p> <p>The process for distributing the unable to contact letters is expected to become automated during 2015. The manual process for distribution and tracking is ongoing and will continue until the process is fully automated. WellCare of Kentucky will review findings and any recommendations from the EQRO following receipt of the 2015 Annual Compliance Audit results. If there are any remaining deficiencies, WellCare of Kentucky will execute improvements.</p>
<p>In the domain of access to/timeliness of care, IPRO recommends that WellCare of Kentucky:</p> <ul style="list-style-type: none"> Work to improve HEDIS® 	<p>Initial Plan of Action</p> <p>WellCare of Kentucky has multiple ongoing interventions aimed at improving performance on all HEDIS® measures including those that fall below the national average. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS® services, provider visits, and a member incentive program for pregnancy and postpartum measures. In addition,</p>

IPRO Recommendation	MCO Response
<p>measures which fall below the national averages, particularly related to women's preventive services and access/timeliness of behavioral health services;</p>	<p>during 2014 WellCare of Kentucky implemented a Pay for Quality (P4Q) program for PCPs targeted at improvement in six HEDIS® measures that were not in line with the national average. WellCare of Kentucky also hired eight regional HEDIS® Clinical Practice Advisors in 2014. The HEDIS® Clinical Practice Advisors' primary responsibility is the improvement of HEDIS® rates and they work individually with providers to improve HEDIS® rates. At the completion of each HEDIS® season, the QI team analyzes any HEDIS® measure not in line with the national average for root cause analysis, identification of barriers, and development of interventions for implementation.</p> <p>When and how was this accomplished?</p> <p>During 2014, WellCare of Kentucky added 8 Clinical HEDIS® Advisor positions to the QI Department and hired these positions mid-year. The Clinical HEDIS® Advisors are nurses who conduct onsite visits to provider offices to educate providers about HEDIS® measures and provide guidance on how to improve rates. WellCare of Kentucky also gives PCPs care gap reports so that PCPs can track their practice-level performance on specific HEDIS® measures among their assigned member population and can target members who are non-compliant to improve rates. In June 2014, following the receipt of final HEDIS® results for measurement year 2013, WellCare of Kentucky performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential interventions targeted at specific measures. Other interventions aimed at various HEDIS® measures including but not limited to Comprehensive Diabetes Care, Childhood Immunization Status, Cervical Cancer Screening, Breast Cancer Screening, and Chlamydia Screening, are aimed at better data collection; specifically, throughout the latter half of 2014 WellCare of Kentucky requested and collected medical records and lab results for eligible members and entered the results of medical record abstraction into a pseudoclaims database so that this information could be used for HEDIS® 2015. WellCare of Kentucky's Pay for Performance program was offered to providers serving greater than 50% of WellCare of Kentucky's membership and offered incentives for reaching benchmarks in the HEDIS® measures Childhood Immunization Status, Chlamydia Screening in Women, HbA1c Testing for Members with Diabetes, LDL-C Screening for Members with Diabetes, Adolescent Well Visits, and Well-Child Visit 3–6 Years Old. A member incentive program aimed at improving rates of eye exams for diabetic retinopathy is planned for launch in 2015. In addition, other interventions aimed specifically at behavioral health services include WellCare of Kentucky's Follow-up After Mental Health Hospitalization PIP and Utilization of Behavioral Health Medication in Children PIP. Other behavioral health interventions include assigning WellCare of Kentucky behavioral health staff members to CMHCs to assist in getting members timely follow-up appointments after hospital discharge, reviewing discharge summaries to identify members being discharged to private residential treatment, and distributing targeted reports to hospitals notifying them of their compliance rate with the seven day follow up and member information of those who did not have follow up within seven days of discharge. In addition, WellCare of Kentucky distributes letters to prescribers who have dispensed ADHD medication to members when recommended follow up visits and ongoing prescriptions have not occurred, and distributing provider toolkits that assist providers in ADHD diagnosis, management, and treatment planning via the provider web site and during provider relations/HEDIS® Advisor visits.</p> <p>Outcome and Monitoring</p> <p>WellCare of Kentucky monitors HEDIS® rates monthly to identify areas in need of greater intervention. WellCare of Kentucky</p>

IPRO Recommendation	MCO Response
	<p>anticipates that HEDIS® 2015 rates will show an improvement over HEDIS® 2014. HEDIS® rates for WellCare of Kentucky and for individual providers are monitored on a monthly basis. Providers are also distributed their individual HEDIS® rates monthly with a list of members on their panel so that they can track their progress and open opportunities. Additionally, the HEDIS® Clinical Practice Advisors are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS® measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the plan's quality committees.</p> <p>Future Actions/Plans</p> <p>Following receipt of final HEDIS® 2015 rates, WellCare of Kentucky will conduct an analysis of HEDIS® 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of Kentucky will continue to work individually with providers to improve HEDIS® rates.</p>
<ul style="list-style-type: none"> • Work to improve child and adolescent access to and timeliness of well visits and preventive services (as recommended in the prior year's report, the plan could benefit from a PIP aimed at increasing rates of well-visits for children and adolescents); and 	<p>Initial Plan of Action</p> <p>During 2014 WellCare of Kentucky implemented a Pay for Quality (P4Q) program for PCPs targeted at improvement in six HEDIS® measures that were not in line with the national average, including Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34), Adolescent Well-Care Visits (AWC), and Childhood Immunization Status Combo 2 (CIS Combo 2). These are also part of our 2015 P4Q program. WellCare of Kentucky's HEDIS® 2014 rates for Adult's Access to Preventive/Ambulatory Health Services met the 90th percentile for all age groups. WellCare of Kentucky's HEDIS® 2014 rates for Children and Adolescent's Access to Primary Care Practitioners met the 90th percentile for ages 7–11 and 12–19 and met the 75th percentile for ages 12–24 months and ages 25 months–6 years. WellCare of Kentucky chose not to implement a PIP aimed at increasing rates of well-visits for children and adolescents in favor of implementing a PIP aimed at increasing the Postpartum Care HEDIS® rate, which was less than the 10th percentile. WellCare of Kentucky's approach was to address well-child visits for children and adolescents via the P4Q program, which is aimed at PCPs, while addressing postpartum care with a PIP because postpartum care providers are most often ob/gyns. WellCare of Kentucky also hired eight regional HEDIS® Clinical Practice Advisors in 2014. The HEDIS® Clinical Practice Advisors whose primary responsibility is the improvement of HEDIS® rates and who work individually with providers to improve HEDIS® rates. At the completion of each HEDIS® season, the QI team analyzes any HEDIS® measure not in line with the national average for root cause analysis, identification of barriers, and development of interventions for implementation.</p> <p>When and how was this accomplished?</p> <p>During 2014, WellCare of Kentucky added 8 Clinical HEDIS® Advisor positions to the QI Department and hired these positions mid-year. The Clinical HEDIS® Advisors are nurses who conduct onsite visits to provider offices to educate providers about HEDIS® measures and provide guidance on how to improve rates. WellCare of Kentucky also gives PCPs care gap reports so that PCPs can track their practice-level performance on specific HEDIS® measures among their assigned member population and can target members who are non-compliant to improve rates. In June 2014, following the receipt of final HEDIS® results for measurement year 2013, WellCare of Kentucky performed a detailed analysis of NCQA</p>

IPRO Recommendation	MCO Response
	<p>Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential interventions targeted at specific measures. WellCare of Kentucky's Pay for Performance program was offered to providers serving greater than 50% of WellCare of Kentucky's membership and offered incentives for reaching benchmarks in the HEDIS® measures Childhood Immunization Status, Chlamydia Screening in Women, HbA1c Testing for Members with Diabetes, LDL-C Screening for Members with Diabetes, Adolescent Well Visits, and Well-Child Visit 3–6 Years Old.</p> <p>Outcome and Monitoring WellCare of Kentucky monitors HEDIS® rates monthly to identify areas in need of greater intervention. WellCare of Kentucky anticipates that HEDIS® 2015 rates will show an improvement over HEDIS® 2014. HEDIS® rates for WellCare of Kentucky and for individual providers are monitored on a monthly basis. Additionally, the HEDIS® Clinical Practice Advisors are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS® measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the plan's quality committees.</p> <p>Future Actions/Plans Following receipt of final HEDIS® 2015 rates, WellCare of Kentucky will conduct an analysis of HEDIS® 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of Kentucky will continue to work individually with providers to improve HEDIS® rates. WellCare of Kentucky will continue to monitor HEDIS® rates for W34, W15, AWC, CIS, and IMA for future PIP projects as appropriate.</p>
<ul style="list-style-type: none"> Review the recommendations made for the compliance domains Access and Behavioral Health Services and regarding case management/care coordination documentation and execute improvements. 	<p>Initial Plan of Action The 2014 Annual Compliance Audit findings in the domain of Case Management/Care Coordination identified minimal compliance with care coordination documentation requirements for DCBS clients. A CAP was submitted to correct identified deficiencies. In the domain of Behavioral Health, deficiencies in policies and procedures regarding call duration limits for the Behavioral Health Crisis Line resulted in a finding of minimal compliance; this was addressed by submitting a CAP to correct deficiencies. Other deficiencies in policies and procedures for the Behavioral Health Crisis Line resulted in findings of substantial compliance. These deficiencies were addressed in the new contract with WellCare of Kentucky's Behavioral Health Crisis Line vendor, Health Integrated. In the domain of Access, deficiencies in policies and procedures related to requirements for a specialist serving as a member's PCP and telephone access and availability requirements for PCPs resulted in findings of substantial compliance. Internal action plans to update the deficient policies were developed.</p> <p>When and how was this accomplished? All CAPS and internal action plans to correct deficiencies were executed during 2014. Policies and procedures requiring updates to correct deficiencies were updated during 2014. The new contract with WellCare of Kentucky's Behavioral Health Crisis Line vendor took effect on 1/1/2014.</p> <p>Outcome and Monitoring WellCare of Kentucky anticipates that the work completed and documented as part of the CAPs and the updates in policies and procedures will result in improvements in compliance. All documentation and updated policies and procedures were</p>

IPRO Recommendation	MCO Response
	<p>provided to the EQRO during the 2015 Annual Compliance Audit.</p> <p>Future Actions/Plans</p> <p>WellCare of Kentucky will review findings and any recommendations from the EQRO following receipt of the 2015 Annual Compliance Audit results. If there are any remaining deficiencies, WellCare of Kentucky will execute improvements.</p>

APPENDIX A – Medicaid Managed Care Compliance Monitoring

Objectives

Each annual detailed technical report must contain data collected from all mandatory EQR activities. Federal regulations at 42 CFR 438.358, delineate that a review of an MCO's compliance with standards established by the State to comply with the requirements of § 438.204(g) is a mandatory EQR activity. Further, for plans that were in operation prior to the current review, the evaluation must be conducted within the previous three-year period, by the State, its agent or the EQRO.

DMS annually evaluates the MCOs' performance against contract requirements and State and federal regulatory standards through its EQRO contractor. In an effort to prevent duplicative review, federal regulations allow for use of the accreditation findings, where determined equivalent to regulatory requirements.

A full review of all requirements was conducted for the MCO new to Kentucky's MMC Program (Anthem Blue Cross and Blue Shield Medicaid). All domains listed were evaluated for compliance to contractual requirements and standards, as were any corresponding files. CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky underwent partial reviews including: standards subject to annual review; initial review of applicable contract changes; and standards previously rated as less than fully compliant.

The annual compliance review for the period calendar year January 2014 – December 2014, conducted in March 2015, addressed contract requirements and regulations within the following domains:

- Behavioral Health Services
- Case Management/Care Coordination
- Enrollee Rights: Enrollee Rights and Protections
- Enrollee Rights: Member Education and Outreach
- EPSDT
- Grievance System
- Health Risk Assessment
- Medical Records
- Pharmacy Benefits
- Program Integrity
- QAPI: Access
- QAPI: Access – Utilization Management
- QAPI: Measurement and Improvement
- QAPI: Measurement and Improvement – Health Information Systems
- QAPI: Structure and Operations – Credentialing
- QAPI: Structure and Operations – Delegated Services

Data collected from the MCOs, either submitted pre-onsite, during the onsite visit or in follow-up, was considered in determining the extent to which the health plan was in compliance with the standards. Further descriptive information regarding the specific types of data and documentation reviewed is provided in the section "Description of Data Obtained" listed below and in this report located under subpart, "Compliance Monitoring."

Technical Methods of Data Collection

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPRO prepared standard-specific tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of state and MCO contract requirements and applicable state regulations,
- prior results,
- reviewer compliance determination,
- descriptive reviewer findings and recommendations related to the findings,
- review determinations, and
- suggested evidence.

In addition, where applicable (e.g., member grievances), file review worksheets were created to facilitate complete and consistent file review.

Reviewer findings on the tools formed the basis for assigning preliminary and final designations. The standard designations used are shown in **Table 41**.

Table 41: Medicaid Managed Care Compliance Monitoring Standard Designations

Standard Designations	
Full Compliance	MCO has met or exceeded requirements.
Substantial Compliance	MCO has met most requirements but may be deficient in a small number of areas.
Minimal Compliance	MCO has met some requirements but has significant deficiencies requiring corrective action.
Non-compliance	MCO has not met the requirements.
Not Applicable (N/A)	Statement does not require a review decision; for reviewer information purposes.

Pre-Onsite Activities – Prior to the onsite visit, the review was initiated with an introduction letter, documentation request, and request for eligible populations for all file reviews.

The documentation request is a listing of pertinent documents for the period of review, such as policies and procedures, sample contracts, program descriptions, work plans and various program reports.

The eligible population request requires the MCOs to submit case listings for file reviews. For example, for member grievances, a listing of grievances for a selected quarter of the year; or, for care coordination, a listing of members enrolled in care management during a selected quarter of the year. From these listings, IPRO selected a random sample of files for review onsite.

IPRO began its “desk review,” or offsite review, when the pre-onsite documentation was received from the plan.

Prior to the review, a notice was sent to the MCOs including a confirmation of the onsite dates, an introduction to the review team members, onsite review agenda and list of files selected for review.

Onsite Activities – The onsite review commenced with an opening conference where staff was introduced and an overview of the purpose and process for the review and onsite agenda were provided. Following this, IPRO conducted a review of the additional documentation provided onsite, as well as the file reviews. Staff interviews were conducted to clarify and confirm findings. When appropriate, walkthroughs or demonstrations of work processes were conducted. The onsite review concluded with a closing conference, during which IPRO provided feedback regarding the preliminary findings, follow-up items needed and the next steps in the review process.

Description of Data Obtained

As noted in the Pre-Onsite Activities, in advance of the review, IPRO requested documents relevant to each standard under review, to support the health plan's compliance with federal and State regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI Program Description, Work Plan, and Annual Evaluation; Member and Provider Handbooks; access reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis and follow-up. Additionally, as reported above under Onsite Activities, staff interviews, demonstrations, and walkthroughs were conducted during the onsite visit. Supplemental documentation was also requested for areas where IPRO deemed it necessary to support compliance. Further detail regarding specific documentation reviewed for each standard for the 2014 review is contained in the Compliance Monitoring section of this report and in the full compliance reports for each MCO.²⁴

Data Aggregation and Analysis

Post-Onsite Activities – As noted earlier, each standard reviewed was assigned a level of compliance ranging from Full Compliance to Non-compliance. The review determination was based on IPRO's assessment and analysis of the evidence presented by the health plan. For standards where the plan was less than fully compliant, IPRO provided a narrative description of the evidence reviewed, and reason for non-compliance. The plan was provided with the preliminary findings and 20 business days to submit a response and clarification of information for consideration. No new documentation was accepted with the response. The MCOs could only clarify documentation that had been submitted previously, pre-onsite or during the onsite review. IPRO reviewed the MCO responses and prepared the final compliance determinations. In accordance with the DMS/MCO contract, DMS issued a Corrective Action Plan (CAP) request and/or Letter of Concern (LOC), where applicable, and the MCOs are required to submit written corrective action plans to address any findings rated "Minimal" or "Non-compliant."

²⁴ The complete compliance reports for all MCOs are available on the DMS Quality web page.

APPENDIX B – Validation of Performance Improvement Projects

Objectives

Medicaid MCOs implement PIPs to assess and improve processes of care and, as a result, improve outcomes of care. The goal of the PIP is to achieve significant and sustainable improvement in clinical and non-clinical areas. A mandatory activity of the EQRO under the BBA is to review the PIP for methodological soundness of design, conduct and report to ensure real improvement in care and confidence in the reported improvements.

PIPs were reviewed according to the CMS protocol described in the document *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. The first process outlined in this protocol is assessing the methodology for conducting the PIP. This process involves the following ten elements:

- review of the selected study topic(s) for relevance of focus and to the MCO's enrollment,
- review of the study question(s) for clarity of statement,
- review of selected study indicator(s), which should be objective, clear and unambiguous and meaningful to the focus of the PIP,
- review of the identified study population to ensure it is representative of the MCO enrollment and generalizable to the plan's total population,
- review of sampling methods (if sampling was used) for validity and proper technique,
- review of the data collection procedures to ensure complete and accurate data was collected,
- assessment of the improvement strategies for appropriateness,
- review of the data analysis and interpretation of study results,
- assessment of the likelihood that reported improvement is "real" improvement, and
- assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether or not the PIP findings should be accepted as valid and reliable. In addition to validating and scoring the PIPs, IPRO provided ongoing technical assistance to the MCOs as part of its EQR tasks.

Technical Methods of Data Collection

IPRO's methodology for validation of the PIPs was based on CMS's *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. A reporting template was designed by IPRO in order to collect the information and data necessary to review the projects. An assessment of each project in progress was conducted using tools developed by IPRO, approved by DMS, and consistent with the CMS EQR protocol for PIP validation. Each PIP submitted by the MCOs was reviewed using this methodology, and each of the ten protocol elements was considered.

Description of Data Obtained

Each PIP was validated using the MCOs' PIP project reports. Additional detail on the projects and technical assistance was provided during conference calls and interviews of MCO staff during the onsite compliance reviews in March 2015.

Data Aggregation and Analysis

At the proposal and baseline report phases, a narrative summary review was produced, detailing project strengths and opportunities for improvement for each element applicable to the project at the time of the review. Overall credibility of results was assessed at the baseline report phase. At Interim and final re-measurement phases of the project, a scored review and validation was conducted to assess overall credibility of results. Review elements were assessed using a scale of Met, Partially Met, and Not Met. Each element was weighted and assigned a point value, adding to a total of 80 points for the interim phase and 100 points for the final phase. Additional state-specific review elements to address

contract requirements, such as methods to maintain member confidentiality; member involvement in the project; and dissemination of findings were included in the review tool. These items were scored “Met” or “Not Met”.

A summary report of the findings, strengths and opportunities for improvement for each PIP in progress during the period of report is documented in the Technical Report.

APPENDIX C – Validation of Performance Measures

Objectives

Medicaid MCOs calculate PMs to monitor and improve processes of care. As per the CMS Regulations, validation of PMs is one of the mandatory EQR activities. The methodology for validation of PMs was based on CMS *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* (updated 2012). This protocol was derived from protocols and tools commonly used in the public and private sectors for auditing PMs.

The primary objectives of the PM validation process are to assess the:

- structure and integrity of the MCO's underlying information system (IS);
- MCO ability to collect valid data from various internal and external sources;
- vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO;
- MCO ability to integrate different types of information from varied data sources (e.g., member enrollment data, claims data, pharmacy data) into a data repository or set of consolidated files for use in constructing MCO PMs; and
- documentation of the MCO's processes to: collect appropriate and accurate data, manipulate the data through programmed queries, internally validate results of the operations performed on the data sets, follow specified procedures for calculating the specified PMs, and report the measures appropriately.

Technical Methods of Data Collection

IPRO requested and received from the MCOs the following documentation related to the Kentucky PM creation:

- Data and field definitions;
- Documentation of the steps taken to:
 - Integrate the data into the health outcome measure data set;
 - Query the data to identify denominators, generate samples, and apply the proper algorithms to the data in order to produce valid and reliable PMs;
- Conduct statistical testing of results;
- Procedures used to determine the measure denominators from the HEDIS® denominator base, and how additional criteria were applied (where applicable);
- Medical record abstraction staff qualifications, training and inter-rater reliability testing;
- All data abstraction tools and associated materials;
- Data entry and data verification processes;
- List of members identified to have numerator positive findings (for sample selection for medical record review and administrative validation);
- HEDIS® 2014 *Interactive Data Submission System (IDSS)* report for the Medicaid product line;
- HEDIS® 2014 *Final Audit Report, for the Medicaid Product Line*; and
- Table of measures including measure/numerator name, denominator value, numerator value and rate.

IPRO reviewed the documentation and verified that prior recommendations were implemented and that other processes remained consistent with the previous reporting period.

Performance Validation Review Methodology

IPRO's methodology included an evaluation of the following:

- Information Systems (IS) Capabilities – an assessment of data capture, transfer and entry methods, ongoing encounter data validation, and review of the IS assessment from the MCOs' annual HEDIS® Compliance Audits.
- Denominator Validation – an assessment of sampling guidelines and methods.
- Data Collection Validation – an assessment of the MCOs' medical record review process, sampling and data abstraction.
- Numerator Validation – a review of member-level data for adherence to established specifications.

Several of the PMs are derived directly from HEDIS®, including: Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Controlling High Blood Pressure, Annual Dental Visit, Lead Screening for Children, Well-Child Visits in the First 15 months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Children's and Adolescents' Access to PCPs. These measures were independently audited by an NCQA-licensed audit organization as part of MCOs' annual HEDIS® Compliance Audits. Therefore, in accordance with the CMS EQRO provisions for non-duplication of activities, IPRO did not address those measures in its validation process. Rather, the focus was validating the State-specific measures.